

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90142 021 ****61.25

DOCUMENT # 736889

1. Entity Name
MYRTLE GROVE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
**7209 W LILLIAN HWY
PO BOX 3622
PENSACOLA FL 32516**

Mailing Address
**7209 W LILLIAN HWY
PO BOX 3622
PENSACOLA FL 32516**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2387274**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUTTMANN, MICHAEL L
314 S. BAYLEN ST., 201
PENSACOLA FL 32501**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	BANKS, GERGEL	
STREET ADDRESS	7209 LILLIAN HWY	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LANHAM, JIM L	
STREET ADDRESS	7209 LILLIAN HWY	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PLUMB, NORVAL L	
STREET ADDRESS	7209 LILLIAN HWY	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEAVER, MARY	
STREET ADDRESS	7209 LILLIAN HWY	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JORDAN, ROBERT	
STREET ADDRESS	7209 LILLIAN HWY	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUMMAGE, AARON	
STREET ADDRESS	7209 LILLIAN HWY	
CITY-ST-ZIP	PENSACOLA FL 32506	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rummage, Aaron	
STREET ADDRESS	7209 Lillian Hwy.	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, ROBERT	
STREET ADDRESS	7209 LILLIAN HWY.	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, GERMEL	
STREET ADDRESS	7209 Lillian Hwy.	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	King, SEAN	
STREET ADDRESS	7209 LILLIAN HWY.	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	Director/SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKS, DAVID	
STREET ADDRESS	7209 Lillian Hwy.	
CITY-ST-ZIP	PENSACOLA, FL 32506	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

2/17/03

850-455-5411

CR2E037 (10/02)