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

DOCUMENT # 736889

1. Entity Name

MYRTLE GROVE VOLUNTEER FIRE DEPARTMENT, INC.

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

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

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Principal Plac 7209 W LILLIAN PO BOX 3622 PENSACOLA FI	i HWY	Mailing Address 7209 W LILLIAN HWY PO BOX 3622 PENSACOLA FL 32516	7209 W LILLIAN HWY PO BOX 3622			4 100 kir 80 880 11110	02001 18081 40110 8811 011	D)	11	
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	9	City & State				4. FEI Number 59-2	2387274		Applied For Not Applicable	
Zip Country		Zip	Cou	intry	>	5. Certificate of Statu	ıs Desired	\$8.75 Fee Rec	Additional uired	
	6. Name and Address of Current	Registered Agent		ستتسيزون " سس		7. Name and Addres	s of New Registe	red Agent		
				Name						
GUTTMANN, MICHAEL L 314 S. BAYLEN ST., 201				Street Address (P.O. Box Number is Not Acceptable)						
PENSACO	DLA FL 32501								1	
				City				ru	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 .										
•	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered	d Agent signatur	e required	when reinstating)	D	DATE		
FILE NOW: FEE IS \$61.25 9. Election Campaign F Trust Fund Contribut						\$5.00 May Be Added to Fees		heck Payal epartment		
40	OFFICERS AND DIF	PECTORS	11.				TO OFFICERS AN	ID DIRECTOR	S IN 10	
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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 report 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 inglee 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:

SIGNALUCE VELLUIUED

2/17/03

850-455-5411