

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741219

FILED  
May 02, 2007  
Secretary of State

**Entity Name:** MEDULLA VOLUNTEER FIREFIGHTERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5115 OLD HWY 37  
LAKELAND, FL 338112330

**New Principal Place of Business:**

**Current Mailing Address:**

5321 LISA AVE  
LAKELAND, FL 338112330

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MYERS, THOMAS A  
5321 LISA AVE  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GEORGE, JAMES  
Address: 4605 SOUTH PIPKIN RD  
City-St-Zip: LAKELAND, FL 33811

Title: STD ( ) Delete  
Name: MYERS, THOMAS  
Address: 5321 LISA AVE  
City-St-Zip: LAKELAND, FL 33813

Title: DC ( ) Delete  
Name: PERKINS, TERRY  
Address: 3525 PINEDALE DR  
City-St-Zip: LAKELAND, FL 33811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MYERS

STD

05/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date