

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742916

FILED
Apr 07, 2005
Secretary of State

Entity Name: MALABAR VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

1840 MALABAR ROAD
P O BOX 500302
MALABAR, FL 329507302

New Principal Place of Business:

1840 MALABAR ROAD
P O BOX 500302
MALABAR, FL 329500302

Current Mailing Address:

1840 MALABAR ROAD
P O BOX 500302
MALABAR, FL 329507302

New Mailing Address:

1840 MALABAR ROAD
P O BOX 500302
MALABAR, FL 329500302

FEI Number: 59-3214885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FUTCH, JOHN
1160 SALINA STREET SE
PALM BAY, FL 32909 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: PD () Delete
Name: FUTCH, JOHN
Address: 1160 SALINA ST SE
City-St-Zip: PALM BAY, FL

Title: TD () Delete
Name: FUTCH, ROSE
Address: 1160 SALINA ST SE
City-St-Zip: PALM BAY, FL

Title: SD () Delete
Name: HOWARD, TAMMY
Address: 906 HUSTED AVE. S.E.
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: EXBERGER, DAVID
Address: 1020 HOLLOW BROOK LN.
City-St-Zip: MALABAR, FL 32950

Title: VPD () Delete
Name: RUIP, DAVID S
Address: 1830 EVA LN.
City-St-Zip: MALABAR, FL 32950

Title: D () Delete
Name: LARRY, PHILIP A
Address: 170 HEARTHSIDE AVE. N.W.
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FUTCH, JOHN
Address: 1160 SALINA ST SE
City-St-Zip: PALM BAY, FL 32909

Title: TD (X) Change () Addition
Name: FUTCH, ROSE
Address: 1160 SALINA ST SE
City-St-Zip: PALM BAY, FL 32909

Title: SD (X) Change () Addition
Name: CROWLEY, THOMAS
Address: 347 SAUDERS ROAD SE
City-St-Zip: PALM BAY, FL 32909

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 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 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: DAVID S. RUIP

VPD

04/07/2005

Electronic Signature of Signing Officer or Director

Date