## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#742916**

FILED Apr 18, 2007 Secretary of State

Entity Name: MALABAR VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1840 MALABAR ROAD 1840 MALABAR ROAD P O BOX 500302 MALABAR, FL 329500302 MALABAR, FL 329500302 **Current Mailing Address: 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 ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ERIKSEN, BRYAN 1433 WACKER AVE SE PALM BAY, FL 32909 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ERIKSEN, BRYAN Name: Name: 1433 WACKER AVE SE Address: Address: City-St-Zip: PALM BAY, FL 32909 City-St-Zip: Title: ( ) Delete Title: TD (X) Change ( ) Addition LEWIS, PATRICA Name: SETTY, MISSY Name: Address: 125 BILLIAR AVE Address: 808 GERLITZ RD SW City-St-Zip: PALM BAY, FL 32907 City-St-Zip: PALM BAY, FL 32908 Title: () Delete Title: SD (X) Change ( ) Addition CALABRESE, JASON BELL, GINA Name: Name: 5224 PINEWOOD DR NE 5224 PINEWOOD DR NE Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: PALM BAY, FL 32905 ( ) Delete Title: Title: D (X) Change ( ) Addition MCCLELLAND, CHUCK Name: Name: DENMON, JEFF 2050 LINROSE LANE Address: Address: 1617 WANETA ST City-St-Zip: MALABAR, FL 32950 City-St-Zip: PALMBAY, FL 32909 Title: VPD () Delete Title: () Change () Addition MAKOWIEC, RICHARD Name: Name: 5224 PINEWOOD DR NE Address: Address: City-St-Zip: PALMBAY, FL 32905 City-St-Zip: Title: () Delete Title: () Change () Addition SETTY, CURTIS Name: Name: Address: 808 GERLITZ RD SW Address: PALM BAY, FL 32908 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRYAN ERIKSEN PD 04/18/2007