2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# 742916

Entity Name: MALABAR VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

1840 MALABAR ROAD
MALABAR, FL 329500302

New Principal Place of Business:

Current Mailing Address:

1840 MALABAR ROAD
P O BOX 500302
MALABAR, FL 329500302

New Mailing Address:

FEI Number: 59-3214885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ERIKSEN, BRYAN
1433 WACKER AVE 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:	ERIKSEN, BRYAN	
Address:	1433 WACKER AVE SE	
City-St-Zip:	PALM BAY, FL 32909	
Title:	TD	( ) Delete
Name:	SETTY, MISSY	
Address:	808 GERLITZ RD SW	
City-St-Zip:	PALM BAY, FL 32908	
Title:	SD	( ) Delete
Name:	BELL, GINA	
Address:	5224 PINEWOOD DR NE	
City-St-Zip:	PALM BAY, FL 32905	
Title:	D	( ) Delete
Name:	DENMON, JEFF	
Address:	1617 WANETA ST	
City-St-Zip:	PALMBAY, FL 32909	
Title:	VPD	( ) Delete
Name:	MAKOWIEC, RICHARD	
Address:	5224 PINEWOOD DR NE	
City-St-Zip:	PALMBAY, FL 32905	
Title:	D	( ) Delete
Name:	SETTY, CURTIS	
Address:	808 GERLITZ RD SW	
City-St-Zip:	PALM BAY, FL 32908	

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:	
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: BRYAN ERIKSEN PD 03/19/2008

Electronic Signature of Signing Officer or Director — Date