2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005756

FILED Apr 08, 2009 Secretary of State

Entity Name: EAST MILTON VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business: New Principal Place of Business: 5081 WARD BASIN RD MILTON, FL 32583 **Current Mailing Address: New Mailing Address:** P. O. BOX 791 MILTON, FL 32572 FEI Number: 59-3141840 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: LOWERY, DENISE LOWERY, DENISE 5081 WARD BASIN RD 4738 WAŔD BASIN RD MILTON, FL 32583 MILTON, FL 32583 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: DENISE LOWERY 04/08/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: P/D () Delete () Change () Addition WARD, GERALD Name: Name: 5081 WARD BASIN RD Address: Address: City-St-Zip: MILTON, FL 32583 City-St-Zip: () Delete Title: Title: () Change () Addition THOMPSON, JEANNIE Name: Name: Address: 5081 WARD BASIN RD Address: City-St-Zip: MILTON, FL 32583 City-St-Zip: Title: TRES () Delete Title: () Change () Addition NICK, PHYLLIS Name: Name: Address: 5081 WARD BASIN RD Address: City-St-Zip: MILTON, FL 32583 City-St-Zip: Title: SEC () Delete Title: () Change () Addition Name: LOWERY, DENISE Name: 5081 WARD BASIN RD Address: Address: City-St-Zip: MILTON, FL 32583 City-St-Zip: Title: Title: TRUS () Delete () Change () Addition LATHAN, CARLA Name: Name: 5081 WARD BASIN RD Address: Address: City-St-Zip: MILTON, FL 32583 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: DENISE LOWERY SEC 04/08/2009