

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008141

FILED  
Feb 06, 2009  
Secretary of State

**Entity Name:** MAYO VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

252 EAST MAIN ST  
MAYO, FL 32066

**New Principal Place of Business:**

**Current Mailing Address:**

MAYO VOL. FIRE DEPT.  
P.O. BOX 1623  
MAYO, FL 32066

**New Mailing Address:**

**FEI Number:** 45-0525244      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TYRE, DAVID C SR  
824 SE LONG TRUSSEL RD  
MAYO, FL 32066 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: Y ( ) Delete  
Name: LAWSON, THOMAS  
Address: 403 SE PINE ST  
City-St-Zip: MAYO, FL 32066

Title: T ( ) Delete  
Name: LAWSON, SHIRLEY  
Address: POST OFFICE BOX 337  
City-St-Zip: MAYO, FL 32066

Title: S ( ) Delete  
Name: CONE, LINDA  
Address: POST OFFICE BOX 904  
City-St-Zip: MAYO, FL 32066

Title: D ( ) Delete  
Name: TYRE, DAVID C  
Address: POST OFFICE BOX 386  
City-St-Zip: MAYO, FL 32066

Title: D ( ) Delete  
Name: FLETCHER, ART  
Address: 503 SE CR 416  
City-St-Zip: MAYO, FL 32066

Title: D ( ) Delete  
Name: MURPHY, DARRELL  
Address: P.O. BOX 1014  
City-St-Zip: MAYO, FL 32066

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

Title: Y (X) Change ( ) Addition  
Name: LAWSON, THOMAS C SR.  
Address: 280 SW OAKDALE RD.  
City-St-Zip: MAYO, FL 32066

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: D (X) Change ( ) Addition  
Name: LAWSON, MARK  
Address: P.O. BOX 813  
City-St-Zip: MAYO, FL 32066

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: SHIRLEY LAWSON

TREA

02/06/2009

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

\_\_\_\_\_  
Date