# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 07, 2012**
**Secretary of State**

DOCUMENT# N03000008141

**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
Name: LAWSON, THOMAS C SR.
Address: 280 SW OAKDALE RD.
City-St-Zip: MAYO, FL 32066

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

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

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

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

Title: D
Name: LAWSON, MARK
Address: P.O. BOX 813
City-St-Zip: MAYO, FL 32066

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY LAWSON T 03/07/2012

Electronic Signature of Signing Officer or Director — Date