2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# N03000011066

Entity Name: MAGNOLIA VOLUNTEER FIRE DEPT., INC.

Current Principal Place of Business:

17588 NW MAGNOLIA CHURCH RD
ALTHA, FL 32421 US

New Principal Place of Business:

21252 NW MAGNOLIA VFD RD
ALTHA, FL 32421 US

Current Mailing Address:

P.O. BOX 471
ALTHA, FL 32421 US

New Mailing Address:

21252 NW MAGNOLIA VFD RD
ALTHA, FL 32421 US

FEI Number: 27-0075496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PARRISH, KEVIN L
17064 NE MORGAN TUCKER RD
ALTHA, FL 32421 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: P ( ) Delete
Name: PARRISH, KEVIN L
Address: 17064 NE MORGAN TUCKER RD
City-St-Zip: ALTHA, FL 32421 US

Title: VP ( ) Delete
Name: MCDONALD, GUILFORD
Address: 17014 NE LUKE HOLLAND RD
City-St-Zip: ALTHA, FL 32421 US

Title: ST ( ) Delete
Name: PARRISH, ELIZABETH
Address: 17064 NE MORGAN TUCKER RD
City-St-Zip: ALTHA, FL 32421 US

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:

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: ELIZABETH PARRISH ST 05/13/2009
Electronic Signature of Signing Officer or Director — Date