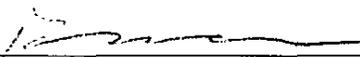
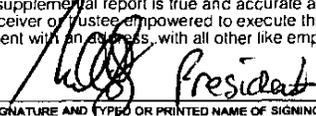


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 25, 2006 8:00 am**  
**Secretary of State**

08-25-2006 90001 047 \*\*\*\*62.10

<b>DOCUMENT # N05000011005</b>					
1. Entity Name SEFFNER MANGO VOLUNTEER FIRE RESCUE, INC.					
Principal Place of Business 208 CLAIRE DRIVE SEFFNER, FL 33584 US			Mailing Address 208 CLAIRE DRIVE SEFFNER, FL 33584 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-3694841				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VAN ETEN, ROBERT J 208 CLAIRE DRIVE SEFFNER, FL 33584			Name Daniel L. Molloy Street Address (P.O. Box Number is Not Acceptable) 325 S. Boulevard City Tampa FL Zip Code 33606		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Daniel L. Molloy				DATE 8/6/06	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN ETEN, ROBERT J		NAME		
STREET ADDRESS	208 CLAIRE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Michael A. Storey	
STREET ADDRESS			STREET ADDRESS	4308 Duncombe Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Valrico, FL 33594	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Butch Seegar	
STREET ADDRESS			STREET ADDRESS	809 N. Kingsway Rd.	
CITY-ST-ZIP			CITY-ST-ZIP	Seffner, FL 33584	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Jeanette L. Cassiano	
STREET ADDRESS			STREET ADDRESS	905 Chadsworth Ave.	
CITY-ST-ZIP			CITY-ST-ZIP	Seffner, FL 33584	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Margaret J. Barnes	
STREET ADDRESS			STREET ADDRESS	103 Apache Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Seffner, FL 33684	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Elizabeth Budden	
STREET ADDRESS			STREET ADDRESS	606 Avocado Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Seffner, FL 33584	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		President		Date 8/11/06 313-910-7044	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50026204



07052006 Chg-NP CR2E037 (4/06)