

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N05000011005

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**

50026204



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number

20-3694841

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

8/6/06

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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** ☒ Delete
NAME **VAN ETEN, ROBERT J**
STREET ADDRESS **208 CLAIRE DRIVE**
CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D, P**
STREET ADDRESS **Michael A. Storey**
CITY-ST-ZIP **4308 Duncombe Dr.
Valrico, FL 33594**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Butch Seegar**
CITY-ST-ZIP **809 N. Kingsway Rd.
Seffner, FL 33584**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Jeanette L. Cassiano**
CITY-ST-ZIP **905 Chadsworth Ave.
Seffner, FL 33584**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Margaret J. Barnes**
CITY-ST-ZIP **103 Apache Lane
Seffner, FL 33684**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Elizabeth Budden**
CITY-ST-ZIP **606 Avocado Dr.
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] President

8/11/06

313-960-7044