

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11822

FILED
Apr 29, 2009
Secretary of State

Entity Name: MONTICELLO VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

1255 N JEFFERSON ST
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 961
MONTICELLO, FL 32345

New Mailing Address:

1255 N JEFFERSON ST
MONTICELLO, FL 32344

FEI Number: 59-2721366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAWRENCE, LESTER CHIEF
1285 FLORIDA AVE.
MONTICELLO, FL 32344 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: ST () Delete
Name: LAWRENCE, ELIZABETH
Address: 1285 FLORIDA AVENUE
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: PRESTON, CHARLES
Address: 12 SOUTH FRONT COURT
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: RIGGAL, BILL
Address: 70 WRIGHT CUT ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: P () Delete
Name: HOPKINS, JAMES
Address: 10 RABON ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: BATES, LARRY
Address: 76 TOBY LANE
City-St-Zip: MONTICELLO, FL 32344

Title: VP () Delete
Name: SPINNENWEBER, CHRIS
Address: 346 KOA RD.
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SACCO, MIKE
Address: 42 PATCHUK DR
City-St-Zip: MONTICELLO, FL 32344

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: LESTER LAWRENCE

C

04/29/2009

Electronic Signature of Signing Officer or Director

Date