

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12860

FILED
Jan 19, 2007
Secretary of State

Entity Name: MORRISTON-MONTBROOK VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

CR 326 EAST
P.O. BOX 2
MORRISTON, FL 32668

New Principal Place of Business:

19570 SE 32 PLACE
MORRISTON, FL 32668

Current Mailing Address:

CR 326 EAST
P.O. BOX 2
MORRISTON, FL 32668

New Mailing Address:

FEI Number: 59-2876050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOM, RICHARD
2671 SE 144TH CT
MORRISTON, FL 32668 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: COKER, SCOTT
Address: P.O. BOX 321
City-St-Zip: MORRISTON, FL 32668

Title: TD () Delete
Name: BLOOM, LORI F
Address: 2671 S.E. 144 CT
City-St-Zip: MORRISTON, FL 32668

Title: D () Delete
Name: BLOOM, RICK
Address: 2671 SE 144TH CT
City-St-Zip: MORRISTON, FL 32668

Title: VPD () Delete
Name: MILLS, JACK
Address: 521 SE 5TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: S () Delete
Name: WHITEHEAD, ROSEANNA
Address: 13991 S.E. 25 TH STREET
City-St-Zip: MORRISTON, FL 32668

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:

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 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: RICHARD BLOOM

D

01/19/2007

Electronic Signature of Signing Officer or Director

_____ Date