

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12860

FILED  
Mar 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

19570 SE 32 PLACE  
MORRISTON, FL 32668

**New Principal Place of Business:**

**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 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

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date