

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12860

**FILED**  
**Jan 15, 2010**  
**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  
Name: COKER, SCOTT  
Address: P.O. BOX 321  
City-St-Zip: MORRISTON, FL 32668

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RICHARD BLOOM

D

01/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date