

FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Horbans Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001633 (3)
 1. Corporation Name
MUNSON VOLUNTEER FIRE AND RESCUE DISTRICT, INC.



Principal Place of Business 11688 MUNSON HIGHWAY MILTON FL 32570	Mailing Address 11688 MUNSON HIGHWAY MILTON FL 32570
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3. Date Incorporated or Qualified 03/24/1997	
4. FEI Number 59-2950243	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 30
Country 25	Country 29

9. Name and Address of Current Registered Agent

**VONAXELSON, ALBERT B MR
2704 VONAXELSON ROAD
MILTON FL 32570**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VONAXELSON, ALBERT	1.2 NAME	Williams, Phillip
STREET ADDRESS	2704 VONAXELSON ROAD	1.3 STREET ADDRESS	9660 Amos-Cabaniss Rd.
CITY-ST-ZIP	MILTON FL 32570	1.4 CITY-ST-ZIP	Milton, FL 32570
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRICE, JAMES E	2.2 NAME	Morris, Karen
STREET ADDRESS	9980 TOMMY GRICE FIRELINE	2.3 STREET ADDRESS	2520 Red Morris Rd.
CITY-ST-ZIP	MILTON FL 32570	2.4 CITY-ST-ZIP	Milton, Fla. 32570
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWELL, GLADYS	3.2 NAME	Taylor, Vera
STREET ADDRESS	10290 MORRIS-ROWELL ROAD	3.3 STREET ADDRESS	10740 E. Hwy 4
CITY-ST-ZIP	MILTON FL 32570	3.4 CITY-ST-ZIP	Milton, Fl 32570
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBEY, BILL	4.2 NAME	Robey, Marianne
STREET ADDRESS	5908 HERMITAGE CIRCLE	4.3 STREET ADDRESS	3177 George Cabaniss RD.
CITY-ST-ZIP	MILTON FL 32570	4.4 CITY-ST-ZIP	Milton, Fl. 32570
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDY, CURTIS	5.2 NAME	Coogle, Lauren
STREET ADDRESS	ROUTE 1, BOX 44	5.3 STREET ADDRESS	Hwy. 191
CITY-ST-ZIP	MILTON FL 32570	5.4 CITY-ST-ZIP	Milton, Fl 32570
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIX, RAMONA	6.2 NAME	
STREET ADDRESS	2881 POPEMASTER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32570	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* 4-18-98 (850) 957-4179

CR2E037 (10/97)