

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90313 003 ****70.00

DOCUMENT # N97000001633

1. Entity Name

MUNSON VOLUNTEER FIRE AND RESCUE DISTRICT, INC.

Principal Place of Business

Mailing Address

**11688 MUNSON HIGHWAY
 MILTON FL 32570**

**11688 MUNSON HIGHWAY
 MILTON FL 32570**

108548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2950243

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KING, JOHN M
 701 ALABAMA STREET
 MILTON FL 32570**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

John M King

John M King President

1-7-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P KING, JOHN M	<input type="checkbox"/> Delete
STREET ADDRESS	701 ALABAMA ST	
CITY-ST-ZIP	MILTON FL 32570	
TITLE NAME	V LAWRENCE, CHRISTIE C JR	<input type="checkbox"/> Delete
STREET ADDRESS	10414 VALLEY GROVE RD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE NAME	S ROWELL, GLADYS	<input type="checkbox"/> Delete
STREET ADDRESS	10290 MORRIS-ROWELL ROAD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE NAME	D ROBEY, MARIANNE	<input type="checkbox"/> Delete
STREET ADDRESS	3177 GEORGE CABANISS RD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE NAME	D HARDY, CURTIS	<input type="checkbox"/> Delete
STREET ADDRESS	ROUTE 1, BOX 44	
CITY-ST-ZIP	MILTON FL 32570	
TITLE NAME	D GOMEZ, DERIK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10400 VALLEY GROVE RD	
CITY-ST-ZIP	MILTON FL 32570	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T Barbara Morris	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10390 Valley Grove Road	
CITY-ST-ZIP	Milton Fl 32570	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John M King
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-01

Date

Daytime Phone #

CR2E037 (10/00)

C 9338