

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90076 015 \*\*\*\*70.00

<b>DOCUMENT # N97000001633</b>					
<b>1. Entity Name</b> MUNSON VOLUNTEER FIRE AND RESCUE DISTRICT, INC.					
<b>Principal Place of Business</b> 11688 MUNSON HIGHWAY MILTON, FL 32570			<b>Mailing Address</b> 11688 MUNSON HIGHWAY MILTON, FL 32570		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2950243	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MORRIS, HAROLD 10390 VALLEY GROVE ROAD MILTON, FL 32570			Name <u>John King</u> Street Address (P.O. Box Number is Not Acceptable) <u>1 Daniel Johnson Road</u> <u>Baker FL 32531</u> City <u>FL</u> Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE <u>John M King</u>			DATE <u>3-28-07</u>		
Filing Fee is \$81.25 Due by May 1, 2007			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, HAROLD 10390 VALLEY GROVE RD. MILTON, FL 32570	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John King 1 Daniel Johnson Rd. Baker FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NIXON, ALTON STEAP HEAD ROAD MILTON, FL 32570	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	v. President Harold Morris 10390 Valley Grove Rd Milton FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, JENNIFER 1 DANIEL JOHNSON RD BAKER, FL 32531	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBEY, MARIANNE 3177 GEORGE CABANISS RD MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIXON, KATIE STEAP HEAD ROAD MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, BARBARA 10390 VALLEY GROVE ROAD MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>Barbara Morris</u>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		
Date <u>3-28-07</u>			Daytime Phone # <u>850-957-4378</u>		