## 2008 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT

## DOCUMENT # N97000001633

MUNSON VOLUNTEER FIRE AND RESCUE DISTRICT,



Principal Place of Business 11688 MUNSON HIGHWAY MILTON, FL 32570

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

MILTON, FL 32570

MORRIS, BARBARA

**MILTON, FL 32570** 

10390 VALLEY GROVE ROAD

Mailing Address

11688 MUNSON HIGHWAY MILTON, FL 32570

2. Principal Place of Business - No P.O. Box # 3.				3. Mailing Address				<b>   </b>							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				02012	800	Chg-NP		CR2E	037 (12/	06)	
City & State			Cit	City & State				4. FEI Number Applied For 59-2950243 Not Applicable							
Zip Country Zi			p Country				5. Certificate of Status Desired \$8.75 Addition Fee Required								
6. Name and Address of Current Registered Agent								7. Nam	e and A	Address of	New Re	gistere	d Agent		
						Name									
KING, JOHN					ŀ	Stroot A	ddroes (	P O Boy h	lumbor	is Not Acc	cotoble)	`			
1 DANIEL JOHNSON ROAD BAKER, FL 32531						311001 A	uu ese in	1 .O. BOX 1	10(TIDE)	13 1401 ACC	opiaule,	, 			
<i>D</i> ,,	_ 0_00									.,					
						City						F	Zip	Code	<del> </del>
9 The above	named antit	y submits this statement fo	ar the nurn	nea of changing its	ragietora	d office or	register	ad agent	or both	in the Stat	to of Elo		<u> </u>	a deba	and append
	tions of regist		or trie purp	use of changing its	registere	d once of	egister	eu ayen,	OI DOGS	i, in the stat	18 01 1101	noa. Ta	uri tarihnai	WILTI, I	ано ассерт
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SIGNATURE	•														
							d Agent signature required when reinstating) DATE								
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	_	e is \$61.25 fay 1, 2008		9. Election Car Trust Fund (		_		\$5.00 i Added to					eck payai		
10.	_		RECTORS			_		Added to	Fees	NGES TO C	Flori	da Dep	artment	of St	ate
10.	_	fay 1, 2008	RECTORS		Contributi	on.		Added to	Fees		Flori	da Dep	artment	of St	ate
-	Due by N	May 1, 2008 OFFICERS AND DI	RECTORS	Trust Fund (	Contributi	on.		Added to	Fees		Flori	da Dep	DIRECTOR	of St	ate 10
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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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

SIGNATURE: Darkara breaucee

**FILED** Feb 04, 2008 8:00 am Secretary of State

02-04-2008 90058 013 \*\*\*\*70.00

☐ Change

☐ Addition

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