

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 23, 2009  
Secretary of State**

DOCUMENT# N97000001633

Entity Name: MUNSON VOLUNTEER FIRE AND RESCUE DISTRICT, INC.

**Current Principal Place of Business:**

11688 MUNSON HIGHWAY  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

11688 MUNSON HIGHWAY  
MILTON, FL 32570

**New Mailing Address:**

FEI Number: 59-2950243      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KING, JOHN  
1 DANIEL JOHNSON ROAD  
BAKER, FL 32531      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      ( ) Delete  
Name: KING, JOHN  
Address: 1 DANIEL JOHNSON RD  
City-St-Zip: BAKER, FL 32531

Title: VP      ( ) Delete  
Name: MORRIS, HAROLD  
Address: 10390 VALLEY GROVE RD  
City-St-Zip: MILTON, FL 32570

Title: S      ( ) Delete  
Name: ROWELL, GLADYS  
Address: 10290 MORRIS ROWELL ROAD  
City-St-Zip: MILTON, FL 32570

Title: D      ( ) Delete  
Name: ROBEY, MARIANNE  
Address: 3177 GEORGE CABANISS RD  
City-St-Zip: MILTON, FL 32570

Title: D      ( ) Delete  
Name: NIXON, KATIE  
Address: STEAP HEAD ROAD  
City-St-Zip: MILTON, FL 32570

Title: T      ( ) Delete  
Name: MORRIS, BARBARA  
Address: 10390 VALLEY GROVE ROAD  
City-St-Zip: MILTON, FL 32570

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      (X) Change ( ) Addition  
Name: KING, JENNIFER  
Address: 1 DANIEL JOHNSON ROAD  
City-St-Zip: BAKER, FL 32531

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA MORRIS

TREA

02/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date