

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N13095** (7)

1. Corporation Name

WEST PUTNAM VOLUNTEER FIRE DEPARTMENT INC.



Principal Place of Business

Mailing Address

104 RACE STREET
P. O. BOX 1857
HAWTHORNE FL 32640
US

214 WEST COWPEN ROAD
P. O. BOX 1857
HAWTHORNE FL 32640

3. Date Incorporated or Qualified
01/21/1986

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

24

29

Country

30

4. FEI Number
59-2642235

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YARRINGTON, ANNE V.
108 ASH STREET AT ORANGE AVENUE
HAWTHORNE FL 32640**

81 Name

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

83

84 City

FL

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 *Anne V. Yarrington*

Anne V. Yarrington

(NOTE: Registered Agent signature required when registering)

DATE

1/2-3/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **YARRINGTON, ANNE V.**
STREET ADDRESS **108 ASH AT ORANGE AVE**
CITY-ST-ZIP **HAWTHORNE FL**

1.1 TITLE **PD** Change Addition
1.2 NAME **WILLIAMS WILLIE MAE**
1.3 STREET ADDRESS **215 N. MAGNOLIA RD. P.O. Box 321**
1.4 CITY-ST-ZIP **HAWTHORNE, FL. 32640**

TITLE **VD** DELETE
NAME **WILLIAMS, WILLIE MAE**
STREET ADDRESS **4 NORTH KMAGNOLIA RD.**
CITY-ST-ZIP **HAWTHORNE FL**

2.1 TITLE **VD A.J. GREEN** Change Addition
2.2 NAME
2.3 STREET ADDRESS **128 CLEARWATER RD. Rt. 1 Box 302**
2.4 CITY-ST-ZIP **HAWTHORNE, FL. 32640**

TITLE **SD** DELETE
NAME **MCAULIFFE, VELMA**
STREET ADDRESS **212 ELM STREET Rt. 1 Box 87**
CITY-ST-ZIP **HAWTHORNE FL**

3.1 TITLE **SD SAME PERSON & ADDRESS** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** DELETE
NAME **WELLS, VIRGINIA**
STREET ADDRESS **319 INDIAN LAKE RD.**
CITY-ST-ZIP **HAWTHORNE FL**

4.1 TITLE **TD** Change Addition
4.2 NAME **RICHARD VALLANCE**
4.3 STREET ADDRESS **144 ASHLEY ST.**
4.4 CITY-ST-ZIP **HAWTHORNE, FL: 32640**

TITLE **D** DELETE
NAME **RYAN, JAMES**
STREET ADDRESS **304 CLEARWATER LAKE RD**
CITY-ST-ZIP **HAWTHORNE FL**

5.1 TITLE **D** Change Addition
5.2 NAME **HAROLD FISHER, JR**
5.3 STREET ADDRESS **111 FISHER TER.**
5.4 CITY-ST-ZIP **HAWTHORNE, FL: 32640**

TITLE **D** DELETE
NAME **JOHNSON, ELLEN**
STREET ADDRESS **613 ORANGE AVE.**
CITY-ST-ZIP **HAWTHORNE FL**

6.1 TITLE **D** Change Addition
6.2 NAME **JIM DAVIS**
6.3 STREET ADDRESS **121 BEVERLEY HILL DR. TRAIL**
6.4 CITY-ST-ZIP **HAWTHORNE, FL. 32640**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Anne V. Yarrington*
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
ANNE V. YARRINGTON, IMM. PAST PRESIDENT

1/23/96

Date

(904)481-2119

Daytime Phone #

CR2E037 (12/95)