

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13095 (7)**  
1. Corporation Name  
**WEST PUTNAM VOLUNTEER FIRE DEPARTMENT INC.**



Principal Place of Business <b>214 WEST COWPEN ROAD P. O. BOX 1857 HAWTHORNE FL 32640 US</b>	Mailing Address <b>214 WEST COWPEN ROAD P. O. BOX 1857 HAWTHORNE FL 32640-1857 US</b>
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<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
<b>22</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>23</b> City & State	<b>27</b> City & State
<b>24</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>29</b> Country
<b>30</b>	

<b>3.</b> Date Incorporated or Qualified <b>01/21/1986</b>	<b>3a.</b> Date of Last Report <b>02/05/1996</b>
<b>4.</b> FEI Number <b>59-2642235</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**INMAN, OLIVE R.  
239 STAR LAKE DRIVE  
HAWTHORNE FL 32640**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, WILLIE MAE</b>	1.2 NAME	
STREET ADDRESS	<b>215 N MAGNOLIA RD, PO BOX 321</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAWTHORNE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, A.J.</b>	2.2 NAME	
STREET ADDRESS	<b>128 CLEARWATE RD RT 1 BOX 302</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAWTHORNE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCAULIFFE, VELMA</b>	3.2 NAME	
STREET ADDRESS	<b>212 ELM STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAWTHORNE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALLANCE, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>144 ASHLEY ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAWTHORNE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISHER JR, HAROLD</b>	5.2 NAME	
STREET ADDRESS	<del>111 FISHER TER</del>	5.3 STREET ADDRESS	<b>111 FISHER TERRACE</b>
CITY-ST-ZIP	<b>HAWTHORNE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, JIM</b>	6.2 NAME	
STREET ADDRESS	<del>121 BEVERLY HILL DR. TR</del>	6.3 STREET ADDRESS	<b>121 BEVERLY HILL DRIVE TR.</b>
CITY-ST-ZIP	<b>HAWTHORNE FL</b>	6.4 CITY-ST-ZIP	

**14.** I do 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 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.

CR2E037 (9/96)