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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

Mailing Address: 214 WEST COWPEN ROAD, P. O. BOX 1857, HAWTHORNE FL 32640, US

3. Date Incorporated or Qualified: 01/21/1986

4. FEI Number: 59-2642235

Applied For: Not Applicable

2. Principal Place of Business: 21. 104 Race Street, Suite, Apt. #, etc.

2a. Mailing Address: 26. P.O. Box 1857, Suite, Apt. #, etc.

23. City & State: Hawthorne, FL

27. City & State: Hawthorne FL

24. Zip: 32640, Country: Putnam

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 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:

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, WILLIE MAE	
STREET ADDRESS	215 N MAGNOLIA RD, PO BOX 321	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREEN, A.J.	
STREET ADDRESS	128 CLEARWATER RD #1-BOX 602	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCAULIFFE, VELMA	
STREET ADDRESS	212 ELM STREET	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VALLANCE, RICHARD	
STREET ADDRESS	144 ASHLEY ST	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER JR, HAROLD	
STREET ADDRESS	111 FISHER TERRACE	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, JIM	
STREET ADDRESS	121 BEVERLY HILL DRIVE TR.	
CITY-ST-ZIP	HAWTHORNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	32640
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32640
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	32640
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TREAS. JEAN RUSSELL
4.3 STREET ADDRESS	115 Hyde Lane, PO Box 1486
4.4 CITY-ST-ZIP	HAWTHORNE, FL 32640
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	32640
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	32640

14. I 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.

SIGNATURE: Jean Russell Jean Russell 2/16/98 352-481-2632

(NOTE: Registered Agent signature required when reinstating) DATE: _____ Daytime Phone # _____

CF2E037 (10/97)