

FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 US</b>		3. Date Incorporated or Qualified <b>01/21/1986</b>	
2. Principal Place of Business <b>21 104 Race Street</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 P.O. Box 1857</b> Suite, Apt. #, etc.		4. FEI Number <b>59-2642235</b> Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State <b>Hawthorne, FL</b>		28 City & State <b>Hawthorne FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>32640</b>		25 Country <b>Putnam</b>		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29 Zip <b>32640</b>		30 Country <b>Putnam</b>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>INMAN, OLIVE R. 239 STAR LAKE DRIVE HAWTHORNE FL 32640</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WILLIAMS, WILLIE MAE 215 N MAGNOLIA RD, PO BOX 321 HAWTHORNE FL	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>32640</b>
TITLE	VD GREEN, A.J. 128 CLEARWATER RD #1-BOX 602 HAWTHORNE FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>32640</b>
TITLE	SD MCAULIFFE, VELMA 212 ELM STREET HAWTHORNE FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>32640</b>
TITLE	TD VALLANCE, RICHARD 144 ASHLEY ST HAWTHORNE FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>HAWTHORNE, FL 32640</b>
TITLE	D FISHER JR, HAROLD 111 FISHER TERRACE HAWTHORNE FL	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>32640</b>
TITLE	D DAVIS, JIM 121 BEVERLY HILL DRIVE TR. HAWTHORNE FL	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>32640</b>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 352-481-2632

CP2E037 (10/97)