

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90149 008 \*\*\*\*61.25

0012003

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N13095**

1. Corporation Name  
**WEST PUTNAM VOLUNTEER FIRE DEPARTMENT INC.**

Principal Place of Business  
**104 RACE ST  
 HAWTHORNE FL 32640  
 US**

Mailing Address  
**P O BOX 1857  
 HAWTHORNE FL 32640  
 US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 104 Race Street		26 P O Box 1857		01/21/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2642235	
City & State		City & State		Applied For	
23 Hawthorne Putnam		28 Hawthorne Putnam		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/>	
24 32640 25		29 32640 30		\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			
INMAN, OLIVE R. 239 STAR LAKE DRIVE HAWTHORNE FL 32640		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
INMAN, OLIVE R. 239 STAR LAKE DRIVE HAWTHORNE FL 32640		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City		85 Zip Code	
		FL			

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 Olive R. Inman, Secretary DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WILLIAMS, WILLIE MAE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President
NAME	215 N MAGNOLIA RD, PO BOX 321	1.2 NAME	Robert Mackall
STREET ADDRESS	HAWTHORNE FL 32640	1.3 STREET ADDRESS	1147County Rd.20A
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Hawthorne, FL 32640
TITLE	VD GREEN, A.J.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President
NAME	128 CLEARWATER RD	2.2 NAME	Richard Curtis
STREET ADDRESS	HAWTHORNE FL 32640	2.3 STREET ADDRESS	236 Bay Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hawthorne, Fl. 32640
TITLE	SD MCAULIFFE, VELMA	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary
NAME	212 ELM STREET	3.2 NAME	Lisa Brewer
STREET ADDRESS	HAWTHORNE FL 32640	3.3 STREET ADDRESS	139 Cowpen Lake Pt. Rd.E
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hawthorne, Fl. 32640
TITLE	T JEAN RUSSELL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	115 HYDE LN, PO BOX 1486	4.2 NAME	
STREET ADDRESS	HAWTHORNE FL 32640	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D FISHER JR, HAROLD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	111 FISHER TERRACE	5.2 NAME	
STREET ADDRESS	HAWTHORNE FL 32640	5.3 STREET ADDRESS	111 Fisher Trail
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hawthorne, Fl. 32640
TITLE	D DAVIS, JIM	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director
NAME	121 BEVERLY HILL DRIVE TR.	6.2 NAME	Shirley Stepp
STREET ADDRESS	HAWTHORNE FL 32640	6.3 STREET ADDRESS	118 Cowpen Lake Pt. Rd. E
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Hawthorne, Fl. 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, with all other like empowered.

SIGNATURE: Jean Russell DATE: 2/4/99 DAYTIME PHONE: 352-481-2632  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)