

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N13095

FILED
May 06, 2003
Secretary of State

Entity Name: WEST PUTNAM VOLUNTEER FIRE DEPARTMENT INC.

Current Principal Place of Business:

104 RACE ST
HAWTHORNE, FL 32640 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1857
HAWTHORNE, FL 32640 US

New Mailing Address:

FEI Number: 59-2642235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INMAN, OLIVE R.
291 STAR LAKE DRIVE
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MACKALL, ROBERT
Address: 1147 COUNTY ROAD 20A
City-St-Zip: HAWTHORNE, FL 32640

Title: VD () Delete
Name: CURTIS, RICHARD
Address: 236 BAY STREET
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: MOORE, NANCY
Address: 215 STAR LAKE DRIVE
City-St-Zip: HAWTHORNE, FL 32640

Title: TD () Delete
Name: KITEHIG, STANLEY
Address: 200 NORTH GRAND AVENUE
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: BURKETT, JORDON
Address: P O BOX 2481
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: STEPP, SHIRLEY
Address: 118 COWPEN LAKE PT. RD. EAST
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MACKALL

PD

05/06/2003

Electronic Signature of Signing Officer or Director

Date