

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

1995 JUL 20 AM 10:18

TALLAHASSEE, FLORIDA

**DOCUMENT # N94000002170 (8)**

1. Corporation Name

**WEST SIDE FIRE DEPARTMENT INC.**

Principal Place of Business Mailing Address  
 407 67TH ST W 407 67TH ST W  
 BRADENTON FL 34209 BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/28/1994</b>   | 3a. Date of Last Report               |
| 4. FEI Number<br><b>65-0534648</b>   | Applied For<br>Net Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees    |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>   | <b>FILING FEE IS \$61.25</b>          |
| 8. This corporation has liability for intangible tax under s. 199.047 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 25 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |

9. Name and Address of Current Registered Agent

LEVINE, JEFFREY  
 407 67TH ST W  
 BRADENTON FL 34209

10. Name and Address of New Registered Agent

|  |
|--|
| 81 Name<br><b>JOHN K. INGOLD</b>   |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>3502 YORK DR. W.</b> |
| 83   |
| 84 City<br><b>BRADENTON FL</b>   |
| 85 Zip Code<br><b>34205</b>  |

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 617.0401, Florida Statutes.

SIGNATURE John K. Ingold PRESIDENT DATE 6-13-95

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12             |                     |
|----------------------------|--|---|---------------------|
| TITLE                      | NAME                                   | 1.1 TITLE   | 1.2 NAME            |
| VP                         | INGOLD, JOHN                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                     |
|                            | 3502 YORK DR W<br>BRADENTON FL 34205   | 1.3 STREET ADDRESS  | 1.4 CITY - ST - ZIP |
| VP                         | KRUSE, ERNEST B                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                     |
|                            | 6812 12TH AVE NW<br>BRADENTON FL 34209 | 2.1 TITLE   | 2.2 NAME            |
| SP                         | LEVINE, JEFFREY                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                     |
|                            | 5210 19TH AVE W<br>BRADENTON FL 34209  | 2.3 STREET ADDRESS  | 2.4 CITY - ST - ZIP |
|                            |  | 3.1 TITLE   | 3.2 NAME            |
|                            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                     |
|                            |  | 3.3 STREET ADDRESS  | 3.4 CITY - ST - ZIP |
|                            |  | 4.1 TITLE   | 4.2 NAME            |
|                            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                     |
|                            |  | 4.3 STREET ADDRESS  | 4.4 CITY - ST - ZIP |
|                            |  | 5.1 TITLE   | 5.2 NAME            |
|                            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                     |
|                            |  | 5.3 STREET ADDRESS  | 5.4 CITY - ST - ZIP |
|                            |  | 6.1 TITLE   | 6.2 NAME            |
|                            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                     |
|                            |  | 6.3 STREET ADDRESS  | 6.4 CITY - ST - ZIP |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, 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: John K. Ingold DATE: 6-13-95 813-792-0377

CR2E037 (3/95)