

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13095

Entity Name: WEST PUTNAM VOLUNTEER FIRE DEPARTMENT INC.

Current Principal Place of Business:

104 RACE ST
HAWTHORNE, FL 32640

Current Mailing Address:

P O BOX 1857
HAWTHORNE, FL 32640 US

FEI Number: 30-0281799

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FOGLEMAN, LESLIE
P O BOX 1857
HAWTHORNE, FL 32640 US

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: LESLIE FOGLEMAN

09/06/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ELLIS, MATTHEW DR.
Address 594 HIGGINBOTHAM LAKE ROAD
City-State-Zip: HAWTHORNE FL 32640

Title VP
Name FOGLEMAN, ALLEN
Address 123 MARVIN LANE
City-State-Zip: HAWTHORNE FL 32640

Title D
Name HOLT, JAMES JR.
Address 108 BADGER LANE
City-State-Zip: HAWTHORNE FL 32640

Title TD
Name JOHNSON, ELLEN
Address 108 ASH STREET
City-State-Zip: HAWTHORNE FL 32640

Title SEC
Name FOGLEMAN, LESLIE
Address 123 MARVIN LANE
City-State-Zip: HAWTHORNE FL 32640

Title D
Name MEADERS, SHERRY
Address 168 EAST COWPEN LAKE POINT ROAD
City-State-Zip: HAWTHORNE FL 32640

Title DIRECTOR
Name DICKERSON, DANIEL
Address 102 E. SUNNYSIDE BEACH RD
City-State-Zip: HAWTHORNE FL 32640

Title DIRECTOR
Name WORLEY, TRA
Address 195 FLORADANDY ROAD
City-State-Zip: HAWTHORNE FL 32640

I hereby 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 all other like empowered.

SIGNATURE: ELLEN L JOHNSON,

TREASURER

09/06/2013

Electronic Signature of Signing Officer/Director Detail

Date