

2023 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:**104 RACE STREET
HAWTHORNE, FL 32640 US**FEI Number:** 30-0281799**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KNEEDLER, LISA J
109 KEMPTON LANE
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:** LISA J KNEEDLER

02/22/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SHINALL, FRANK
Address 123 HIDDEN LAKE TRAIL
City-State-Zip: HAWTHORNE FL 32640

Title DIRECTOR
Name HEITZMANN, EMILY
Address 123 KILLIAN DR
City-State-Zip: HAWTHORNE FL 32640

Title SECRETARY
Name KNEEDLER, LISA J
Address 109 KEMPTON LANE
City-State-Zip: HAWTHORNE FL 32640

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

Title TREASURER
Name SHINALL, ROLLIE
Address 123 HIDDEN LAKE TRAIL
City-State-Zip: HAWTHORNE FL 32640

Title DIRECTOR
Name KELSEY, SUANNE
Address 104 PONDSIDE TRAIL
City-State-Zip: HAWTHORNE FL 32640

Title VP
Name FRANK, JESSICA
Address 281 S COUNTY 20
City-State-Zip: HAWTHORNE FL 32640

Title DIRECTOR
Name FRANK, ANTHONY
Address 281 S COUNTY 20
City-State-Zip: HAWTHORNE FL 32640

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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: LISA J KNEEDLER**SECRETARY**

02/22/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	TERRILL, BRUCE
Address	522 LILY TRAIL
City-State-Zip:	INTERLACHEN FL 32148