

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13095

**FILED
Mar 16, 2018
Secretary of State
CC2404775576**

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: No

Name and Address of Current Registered Agent:

MCKAY, ALICE P
108 BADGER 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: ALICE P MCKAY

03/16/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name ELLIS, MATTHEW S DR.
Address 3022 NW 23TH
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name CURTIS, RICHARD
Address 236 BAY STREET
City-State-Zip: HAWTHORNE FL 32640

Title VP
Name SHINALL, FRANK
Address 11230 HIDDEN LAKE TRAIL
City-State-Zip: HAWTHORNE FL 32640

Title SEC
Name MCKAY, ALICE P
Address 168 EAST COWPEN LAKE POINT ROAD
City-State-Zip: HAWTHORNE FL 32640

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

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

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

Title DIRECTOR
Name SHINALL, ROLLIE
Address 11230 HIDDEN LAKE TRAIL
City-State-Zip: HAWTHORNE FL 32640

Continues on page 2

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: ALICE MCKAY

SECRETARY

03/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOLT, SHERYL
Address 108 BADGER LANE
City-State-Zip: HAWTHORNE FL 32640