

2022 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

FILED
Feb 21, 2022
Secretary of State
8983965249CC

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

02/21/2022

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

02/21/2022

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