

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702931

FILED
Sep 29, 2004
Secretary of State**Entity Name:** WEST MELBOURNE VOLUNTEER FIRE DEPARTMENT, INC.**Current Principal Place of Business:**109 NW PINE ST
WEST MELBOURNE, FL 32904 US**New Principal Place of Business:****Current Mailing Address:**109 NW PINE ST
WEST MELBOURNE, FL 32904 US**New Mailing Address:****FEI Number:** 59-2412390**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DAVIDSON, PAUL
996 CANTON ST. NW
PALM BAY, FL 32907 US**Name and Address of New Registered Agent:**KOHLMAN, ERIC M
4590 BECK LAKE TRL
APT #2
MELBOURNE, FL 32901 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: ERIC KOHLMAN

09/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIDSON, PAUL
Address: 996 CANTON STREET NW
City-St-Zip: PALM BAY, FL 32907

Title: DC () Delete
Name: ROBERTS, STEVE N
Address: 1322 CARR CR
City-St-Zip: PALM BAY, FL 32905

Title: D (X) Delete
Name: KOHLMAN, ERIC
Address: 4590-2 BECKLAKE TRAIL
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: SMITH, ROBERT
Address: 2350 DELWARE DRIVE
City-St-Zip: MELBOURNE, FL 32435

Title: T () Delete
Name: HAND, BRIAN
Address: 2165 MCCAIN LANE
City-St-Zip: MALABAR, FL 32950

Title: S () Delete
Name: THOMAS, CHRIS
Address: 1809 GUAVA AVE
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KOHLMAN, ERIC M
Address: 4590 BECK LAKE TRL
City-St-Zip: MELBOURNE, FL 32901

Title: DVC (X) Change () Addition
Name: ROBERTS, STEVE N
Address: 1322 CARR CR
City-St-Zip: PALM BAY, FL 32905

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SMITH, ROBERT
Address: 2350 DELWARE DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ERIC KOHLMAN

PD

09/29/2004

Electronic Signature of Signing Officer or Director

Date