## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 702931** 

FILED Jul 25, 2007 Secretary of State

Entity Name: WEST MELBOURNE VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:	New Principal Place of Business:

109 NW PINE ST

WEST MELBOURNE, FL 32904 US

Current Mailing Address: New Mailing Address:

109 NW PINE ST

WEST MELBOURNE, FL 32904 US

FEI Number: 59-2412390 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEST MELBOURNE, FL 32904 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: GEORGE VON EDWINS 07/25/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 P (X) Change () Addition

 Name:
 KOHLMAN, ERIC M
 Name:
 VON EDWINS, GEORGE A

 Address:
 1015 VENETIAN DRIVE
 Address:
 174 NATALIE CIRCLE NE

 City-St-Zip:
 WEST MELBOURNE, FL 32904
 City-St-Zip:
 PALM BAY, FL 32907

Title: T () Delete Title: () Change () Addition

 Name:
 HAND, BRIAN
 Name:

 Address:
 2165 MCCAIN LANE
 Address:

 City-St-Zip:
 MALABAR, FL 32950
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 THOMAS, CHRIS
 Name:
 KOHLMAN, ERIC M

 Address:
 1809 GUAVA AVE
 Address:
 1015 VENETIAN DR

 City-St-Zip:
 MELBOURNE, FL 32935
 City-St-Zip:
 MELBOURNE, FL 32904

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 VALUTSKY, JUSTIN D

 Address:
 Address:
 1726 LACOMBE STREET NW

 City-St-Zip:
 City-St-Zip:
 PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JUSTIN VALUTSKY D 07/25/2007