

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702931

FILED
Jun 15, 2009
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 ()**
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:

VON EDWINS, GEORGE A
174 NATALIE CIRCLE NE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VON EDWINS, GEORGE A
Address: 174 NATALIE CIRCLE NE
City-St-Zip: PALM BAY, FL 32907

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

Title: S () Delete
Name: KOHLMAN, ERIC M
Address: 1015 VENETIAN DR
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: VALUTSKY, JUSTIN D
Address: 1726 LACOMBE STREET NW
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: GEORGE A VON EDWINS

P

06/15/2009

Electronic Signature of Signing Officer or Director

Date