

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706007 (2)
1. Corporation Name
WEST PENSACOLA VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
**1700 NORTH "W" ST
PO BOX 18961
PENSACOLA FL 32523
US**

Mailing Address
**1700 NORTH "W" ST
PO BOX 18961
PENSACOLA FL 32523
US**

3. Date Incorporated or Qualified
08/08/1963

3a. Date of Last Report
03/10/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2218013	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip 32505	28. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARTIN, W I
3807 W LLOYD ST
PENSACOLA FL 32505**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	POLISE, RUDOLPH	
STREET ADDRESS	1703 N. FERNWOOD ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DOHERTY, TOM	
STREET ADDRESS	201 RUTH STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BRACKINS, HOWARD	
STREET ADDRESS	909 1/2 LYNCH ST., LOT A	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KIRBY, DANIEL	
STREET ADDRESS	1707 FERNWOOD DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TAYLOR, ERIC	
STREET ADDRESS	1221 ALBUQUERQUE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DAC	<input type="checkbox"/> DELETE
NAME	TAYLOR, TOMMY	
STREET ADDRESS	2635 WILDERMAN DEZ ST	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Daniel Kirby
23. STREET ADDRESS	1707 FERNWOOD DR.
24. CITY-ST-ZIP	PENSACOLA FL 32505
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	DANNY KIRBY
43. STREET ADDRESS	205 ALBUQUERQUE DR.
44. CITY-ST-ZIP	PENSACOLA, FLA 32505
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	2635 West Hernandez St.
64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Howard Brackins* **HOWARD BRACKINS** **2/6/96** **(904) 432-7100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)