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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

706007

(2)

WEST PENSACOLA VOLUNTEER EIRE DEPARTMENT, INC.

2635 WEST HERNANDEZ STREET

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business 1700 NORTH "W" ST PO BOX 18381 PENSACOLA FL 32505 US 2. Principal Place of Business US 3. Date Incorporated or Qualified US 4. FEI Number S9-22 B013 Applied For Not
PO BOX 18361 PENSACOLA FL 32505 US 2. Principal Place of Business 3. Date Incorporated or Qualified 02/12/1996 02/12/1996 02/12/1996 02/12/1996 02/12/1996 02/12/1996 02/12/1996 02/12/1996 02/12/1996 02/12/1996 02/12/1996 02/12/1996 02/12/1996 02/12/1996 02/12/1996 02/12/1996 02/12/1996 02/12/1996 03. Date Incorporated or Qualified 02/12/1996 02/12/1996 05/06/1963 02/12/1996 05/06/1963 02/12/1996 05/06/1963 02/12/1996 05/06/1963 06
2. Principal Place of Business 21 1700 N0 Rt \ 'W State 26 1700 N0 Rt \ 'W State 27 Suite, Apt. #, etc. 28 City & State 29 Country 29 Country 20 Country 20 Country 21 20 Country 21 20 Country 22 Country 23 Country 24 3 2-505 25 W 29 3 3505 30 W 5 10. Name and Address of New Registered Agent MARTIN,W I 3807 W LLOYD ST PENSACOLA FL 32505 84 City 85 City & Statue Country Registered Agent 10 Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and wite flappicable. SIGNATURE 12. Principal Place of Business 26 1700 N0 Rt W 5 No. Not Applicable 13. Certificate of Status Desired Status Des
21 100 No Rh 'w St 25 100 No Rh 'w St 25 100 No Rh 'w St 59-2218013 Not Applicable Suite, Apt. #, etc. City & State City & State 23 PCNS Nota, Florida Status Country 24 3 7-505 25 25 29 3-505 30 WS Florida Status 9. Name and Address of Current Registered Agent MARTIN, W I 3807 W LLOYD ST PENSACOLA FL 32505 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617, 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617, 0503, Florida Statules. SIGNATURE Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Soute, Apt. #, etc.
City & State Country Country Country Solution Solution Solution Solution Solution Solution Solution Solution Country Country Country Solution Solution Solution Solution Solution Solution Solution Solution Country Country Solution Soluti
City & State 28 PCNS Acolo, F 29 PCNS Acolo, F 20 Country 21 Store Country 29 Store Country 30 Name and Address of Current Registered Agent 8. This corporation has liability for intangible fax under s. 199.032. Florida Statutes 9. Name and Address of Current Registered Agent 81 Name MARTIN,W I 3807 W LLOYD ST PENSACOLA FL 32505 83 Street Address (P.O. Box Number is Not Acceptable) 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and billed applicable. (NOTE: Registered Agent signature required when relinstating) DATE
24 3 7 - 505 25
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
MARTIN,W I 3807 W LLOYD ST PENSACOLA FL 32505 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 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
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DC Change Addition
LI NAL GREEN
NAME POUSE, RUDOLPH STREET ADDRESS 1703 N. FERNWOOD ST. 1.2 NAME RESULT OF THE POUSE, RUDOLPH 1.3 STREET ADDRESS / 6 Clover land CT
CITY-ST-ZIP PENSACOLA FL 14 CITY-ST-ZIP PENSACOLO, FI 3 2505
TITLE S DELETE 21 TITLE Change Addition
NAME KIRBY, DANIEL 22 NAME
STREET ADDRESS 1707 FERNWOOD DRIVE 2.3 STREET ADDRESS
CITY-ST-ZIP PENSACOLA FL 2 4 CITY-ST-ZIP
TITLE DC DELETÉ 3.1 TITLE DC Change Addition
NAME BRACKINS, HOWARD 3.2 NAME
STREET ADDRESS 909 1/2 LYNCH ST., LOT A 33 STREET ADDRESS
CITY-ST-ZIP PENSACOLA FL 34. CITY-ST-ZIP
TITLE T Change Addition
NAME KAHIPO, DANNY STREET ADDRESS 205 AQUAMARINE DRIVE 4.11TILE 4.1TILE 4
STREET ADDRESS 205 AQUAMARINE DRIVE 43 STREET ADDRESS 1001 WVAX WOLLD
CITY-ST-ZIP PENSACOLA FL 44 CITY-ST-ZIP PENSACOLO FT 32505
Mark 14 4 4 4 1 4 701
CITY-ST-ZIP PENSACOLA FL 5.4 CITY-ST-ZIP Change Addition
NAME TAYLOR, TOMMY 62 NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP