


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 706007 (2)**

1. Corporation Name  
**WEST PENSACOLA VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business <b>1700 NORTH "W" ST PO BOX 18361 PENSACOLA FL 32505 US</b>	Mailing Address <b>1700 NORTH "W" ST PO BOX 18361 PENSACOLA FL 32505-6336 US</b>
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2. Principal Place of Business <b>21 1700 North "W" St</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 1700 North "W" St</b> Suite, Apt. #, etc.
City & State <b>23 Pensacola, FL</b>	City & State <b>28 Pensacola, FL</b>
Zip <b>24 32505</b>	Country <b>25 US</b>

3. Date Incorporated or Qualified <b>08/08/1963</b>	3a. Date of Last Report <b>02/12/1996</b>
4. FEI Number <b>59-2218013</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DC</b>	<input checked="" type="checkbox"/> DELETE <b>NAME POLISE, RUDOLPH STREET ADDRESS 1703 N. FERNWOOD ST. CITY-ST-ZIP PENSACOLA FL</b>	1.1 TITLE <b>DAC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1.2 NAME KEVIN GREEN 1.3 STREET ADDRESS 16 CLOVERLAND CT 1.4 CITY-ST-ZIP PENSACOLA, FL 32505</b>
TITLE <b>S</b>	<input type="checkbox"/> DELETE <b>NAME KIRBY, DANIEL STREET ADDRESS 1707 FERNWOOD DRIVE CITY-ST-ZIP PENSACOLA FL</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DC</b>	<input type="checkbox"/> DELETE <b>NAME BRACKINS, HOWARD STREET ADDRESS 909 1/2 LYNCH ST., LOT A CITY-ST-ZIP PENSACOLA FL</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE <b>NAME KAHIPO, DANNY STREET ADDRESS 205 AQUAMARINE DRIVE CITY-ST-ZIP PENSACOLA FL</b>	4.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4.2 NAME KENNY DANIELS 4.3 STREET ADDRESS 1001 MAXWELL 4.4 CITY-ST-ZIP PENSACOLA, FL 32505</b>
TITLE <b>P</b>	<input type="checkbox"/> DELETE <b>NAME TAYLOR, ERIC STREET ADDRESS 1221 ALBUQUERQUE CIRCLE CITY-ST-ZIP PENSACOLA FL</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DAC</b>	<input type="checkbox"/> DELETE <b>NAME TAYLOR, TOMMY STREET ADDRESS 2635 WEST HERNANDEZ STREET CITY-ST-ZIP PENSACOLA FL</b>	6.1 TITLE <b>DC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* 2-4-97 904 432-7100

CR2E037 (9/96)