

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 1700 NORTH "W" ST PENSACOLA FL 32505 US		Mailing Address 1700 NORTH "W" ST PENSACOLA FL 32505 US		3. Date Incorporated or Qualified 08/08/1963	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2218013	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DAC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GREEN, KEVIN		1.2 NAME CHRIS GIBSON	
STREET ADDRESS 16 CLOVERLAND CY		1.3 STREET ADDRESS 323 MOLO CORRIDOR 10+3	
CITY-ST-ZIP PENSACOLA FL		1.4 CITY-ST-ZIP PENSACOLA FL 32505	
TITLE S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KIRBY, DANIEL		2.2 NAME Jonathan Garrett	
STREET ADDRESS 1707 FERNWOOD DRIVE		2.3 STREET ADDRESS 1721 W. ROMANA ST	
CITY-ST-ZIP PENSACOLA FL		2.4 CITY-ST-ZIP PENSACOLA FL 32501	
TITLE DC	<input type="checkbox"/> DELETE	3.1 TITLE Chief	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRACKINS, HOWARD		3.2 NAME HOWARD BRACKINS	
STREET ADDRESS 909 1/2 LYNCH ST., LOT A		3.3 STREET ADDRESS 909 1/2 LYNCH ST LOT A	
CITY-ST-ZIP PENSACOLA FL		3.4 CITY-ST-ZIP PENSACOLA FL 32505	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANIELS, KENNY		4.2 NAME CHRIS GIBSON	
STREET ADDRESS 1001 MAXWELL		4.3 STREET ADDRESS 1001 MAXWELL	
CITY-ST-ZIP PENSACOLA FL		4.4 CITY-ST-ZIP PENSACOLA FL 32505	
TITLE P	<input type="checkbox"/> DELETE	5.1 TITLE Assistant Chief	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR, ERIC		5.2 NAME ERIC TAYLOR	
STREET ADDRESS 1221 ALBUQUERQUE CIRCLE		5.3 STREET ADDRESS 1221 ALBUQUERQUE CIRCLE	
CITY-ST-ZIP PENSACOLA FL		5.4 CITY-ST-ZIP PENSACOLA FL 32505	
TITLE DC	<input checked="" type="checkbox"/> DELETE	6.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TAYLOR, TOMMY		6.2 NAME DERRICK KAPLAN	
STREET ADDRESS 2835 WEST HERNANDEZ STREET		6.3 STREET ADDRESS 1614 N. 9TH AVE	
CITY-ST-ZIP PENSACOLA FL		6.4 CITY-ST-ZIP PENSACOLA FL 32501	

14. I 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 *Howard Brackins* *HOWARD BRACKINS* 1-5-98 450 595-3300

CP2E037 (10/97)