

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711142

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE WINTER HAVEN FIREMEN'S ASSOCIATION INC.

Current Principal Place of Business:

551 3RD STREET NW
551 3RD STREET N.W.
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

551 3RD STREET NW
P.O. BOX 3586
WINTER HAVEN, FL 33881

New Mailing Address:

P.O. BOX 3586
P.O. BOX 3586
WINTER HAVEN, FL 33885

FEI Number: 59-2899033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONATSER, DARRELL
550 LK BONNY DR. E.
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

CONATSER, DARRELL R
550 LK BONNY DR. E.
LAKELAND, FL 33801 US

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: DARRELL R. CONATSER

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: STEEN, MIKE
Address: 3520 AVE. V NW.
City-St-Zip: WINTER HAVEN, FL 33881

Title: TD () Delete
Name: TOPPER, SCOTT
Address: 4017 SUGAR CREEK DR SOUTH
City-St-Zip: LAKELAND, FL 33811

Title: SD () Delete
Name: YOST, REBECCA
Address: 2064 KATIE CT
City-St-Zip: WINTER HAVEN, FL 33884

Title: P () Delete
Name: CONATSER, DARRELL
Address: 550 LK BONNY DR. E.
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: STEEN, MIKE
Address: 3520 AVE. V NW.
City-St-Zip: WINTER HAVEN, FL 33881

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

Title: SD (X) Change () Addition
Name: TURNER, ROBERT
Address: 255 POMELO ST.
City-St-Zip: LAKE ALFRED, FL 33850

Title: P (X) Change () Addition
Name: CONATSER, DARRELL R
Address: 550 LK BONNY DR. E.
City-St-Zip: LAKELAND, FL 33801

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: DARRELL R. CONATSER

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date