

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 722390 (2)

1. Corporation Name

THE NORTHWEST SIDE VOLUNTEER FIRE DEPARTMENT, IN
C.

Principal Place of Business

Mailing Address

2311 MICHIGAN AVE (PANAMA CITY, FL 32405)
P.O. BOX 15184
PANAMA CITY FL 32406-0184

2311 MICHIGAN AVE (PANAMA CITY, FL 32405)
P.O. BOX 15184
PANAMA CITY FL 32406-0184



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/08/1972

3a. Date of Last Report

05/01/1995

4. FEI Number

59-6000512

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes No

10. Name and Address of New Registered Agent

TERI FORREST
1404 BUENA VISTA BLVD.
PANAMA CITY FL 32401

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME WHITMER, ROBERT
STREET ADDRESS 2507 DRUMMOND AVE
CITY-ST-ZIP PANAMA CITY FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP



Change



Addition

TITLE TD ☐ DELETE

NAME FORREST, TERI
STREET ADDRESS 1404 BUENA VISTA BLVD.
CITY-ST-ZIP PANAMA CITY FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP



Change



Addition

TITLE SD ☒ DELETE

NAME CREIGHTON, TAMMY
STREET ADDRESS 3123 W. 21ST CT.
CITY-ST-ZIP PANAMA CITY FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP



Change



Addition

TITLE C ☐ DELETE

NAME WISE, DARREL
STREET ADDRESS 3923 W. 21ST PLACE
CITY-ST-ZIP PANAMA CITY FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP



Change



Addition

TITLE AC ☐ DELETE

NAME FORREST, RANDY
STREET ADDRESS 1404 BUENA VISTA BLVD
CITY-ST-ZIP PANAMA CITY FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP



Change



Addition

TITLE D ☐ DELETE

NAME MOCK, JOHN
STREET ADDRESS 409 AIRPORT RD LOT 15
CITY-ST-ZIP PANAMA CITY FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP



Change



Addition

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:

Darrel Wise Darrel Wise
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 1996
Date

904 785-5407
Daytime Phone #

CR2E037 (12/95)