


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90224 027 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 722390</b>					
1. Corporation Name <b>THE NORTHWEST SIDE VOLUNTEER FIRE DEPARTMENT, IN C.</b>					
Principal Place of Business <b>2311 MICHIGAN AVE (PANAMA CITY, FL 32405)</b> <b>P.O. BOX 15184</b> <b>PANAMA CITY FL 32406-0184</b>			Mailing Address <b>2311 MICHIGAN AVE (PANAMA CITY, FL 32405)</b> <b>P.O. BOX 15184</b> <b>PANAMA CITY FL 32406-0184</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/08/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6000512	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
6. Election Campaign Financing				<input type="checkbox"/> <b>Trust Fund Contribution</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TERI FORREST</b> <b>1404 BUENA VISTA BLVD.</b> <b>PANAMA CITY FL 32401</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

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	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GARRICK, STEVE</b>			1.2 NAME			
STREET ADDRESS	<b>3407 W 15TH ST</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>			1.4 CITY-ST-ZIP			
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FORREST, TERI</b>			2.2 NAME			
STREET ADDRESS	<b>1404 BUENA VISTA BLVD.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PANAMA CITY FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MINNEMAN, BOB</b>			3.2 NAME			
STREET ADDRESS	<b>2345 FRANKFORD AVE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>			3.4 CITY-ST-ZIP			
TITLE	<b>C</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WISE, DARREL</b>			4.2 NAME			
STREET ADDRESS	<b>3923 W. 21ST PLACE</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PANAMA CITY FL</b>			4.4 CITY-ST-ZIP			
TITLE	<b>AC</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FORREST, RANDY</b>			5.2 NAME			
STREET ADDRESS	<b>1404 BUENA VISTA BLVD</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PANAMA CITY FL</b>			5.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>MOCK, JOHN</b>			6.2 NAME	<b>RICK BOND</b>		
STREET ADDRESS	<b>409 AIRPORT RD LOT 15</b>			6.3 STREET ADDRESS	<b>1905 Arthur Ave.</b>		
CITY-ST-ZIP	<b>PANAMA CITY FL</b>			6.4 CITY-ST-ZIP	<b>Panama City FL 32405</b>		

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**Darrel Wise**

**4-25-99**

**(850) 7693782**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)