

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90035 001 ****61.25

DOCUMENT # 723577

1. Corporation Name

WEST END VOLUNTEER FIRE DEPARTMENT, INC. THE

Principal Place of Business

20512 W HWY 98
BACKBEACH RD
LAGUNA BEACH FL 32413
US

Mailing Address

LAHAN BLVD.
P.O. BOX 7223
LAGUNA BEACH FL 32413



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/05/1972

4. FEI Number

59-1748210

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ISLER, CHARLES S.
434 MAGNOLIA AVE.
PANAMA CITY FL 32407

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME MAYNARD, JOHN
STREET ADDRESS 519 DOLPHIN DR
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE D ☒ DELETE
NAME REDDEN, PAT
STREET ADDRESS 215 CASA PL
CITY-ST-ZIP LAGUNA BEACH FL 32413

TITLE D ☐ DELETE
NAME PADGETT, SUSIE
STREET ADDRESS 644 16TH ST.
CITY-ST-ZIP SUNNYSIDE FL

TITLE D ☒ DELETE
NAME CLIFTON, SHARON C
STREET ADDRESS 555 SANDY LN
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE D ☐ DELETE
NAME PESZKO, CANDY
STREET ADDRESS 107 15TH ST
CITY-ST-ZIP PANAMAN CITY FL 32413

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VERN Albert ☒ Change ☐ Addition
1.2 NAME 22400 Lakeview Lane
1.3 STREET ADDRESS Panama City Bch, FL 32413
1.4 CITY-ST-ZIP

2.1 TITLE Carol Ward ☒ Change ☐ Addition
2.2 NAME 21513 17611 Front Beach Road
2.3 STREET ADDRESS Panama City Bch, FL 32413
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE Ted Mitchell ☒ Change ☐ Addition
4.2 NAME 21513 Palm Ave
4.3 STREET ADDRESS Panama City Bch, F 32413
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

2-9-99 8502301165

CR2E037 (11/98)