

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90013 050 ****70.00

DOCUMENT # 723577

1. Entity Name
WEST END VOLUNTEER FIRE DEPARTMENT, INC. THE



Principal Place of Business
**20512 PANAMA CITY BEACH PARKWAY
LAGUNA BEACH, FL 32413 US**

Mailing Address
**POST OFFICE BOX 7223
LAGUNA BEACH, FL 32413**

44030001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07042004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1748210

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete

NAME **TRAMMELL, GREG**
STREET ADDRESS **229 CHRISTMAS TREE LANE**
CITY-ST-ZIP **PANAMA CITY, FL 32413**

TITLE **D** ☒ Delete

NAME **STONE, LINDA**
STREET ADDRESS **2713 REDWOOD ST**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32408**

TITLE **D** ☐ Delete

NAME **GREEN, SUSAN**
STREET ADDRESS **15006 MEMORIAL CIRCLE**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE **D** ☒ Delete

NAME **HILTON, LARRY**
STREET ADDRESS **142 DOWNING STREET**
CITY-ST-ZIP **PANAMA CITY, FL 32413**

TITLE **D** ☒ Delete

NAME **MARKER, BRIAN**
STREET ADDRESS **142 DOWNING ST**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition

NAME **James H. Green**
STREET ADDRESS **15006 Memorial Circle**
CITY-ST-ZIP **Panama City Beach FL 32413**

TITLE ☐ Change ☒ Addition

NAME **Eduardo Pardo**
STREET ADDRESS **705 West Wood Beach Circle**
CITY-ST-ZIP **Panama City Beach, FL 32413**

TITLE ☐ Change ☒ Addition

NAME **Nicholas Verhonich**
STREET ADDRESS **764 West Wood Beach Circle**
CITY-ST-ZIP **Panama City Beach FL 32413**

TITLE ☐ Change ☒ Addition

NAME **Judy Fifer**
STREET ADDRESS **726 Blanchard**
CITY-ST-ZIP **Panama City Beach, FL 32413**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan L. Green **Susan L. Green**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-15-04 850-814-4133