


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 723577 1. Entity Name WEST END VOLUNTEER FIRE DEPARTMENT, INC. THE	
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Principal Place of Business 20512 PANAMA CITY BEACH PARKWAY LAGUNA BEACH, FL 32413 US	Mailing Address POST OFFICE BOX 7223 LAGUNA BEACH, FL 32413
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DO NOT WRITE IN THIS SPACE



08172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1748210	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ISLER, CHARLES S. 434 MAGNOLIA AVE. PANAMA CITY, FL 32407	DO NOT WRITE IN THIS SPACE
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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 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, JAMES H 15006 MEMORIAL CIRCLE PANAMA CITY, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARDO, EDUARDO 705 WEST WOOD BEACH CIRCLE PANAMA CITY, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, SUSAN 15006 MEMORIAL CIRCLE PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERHONICH, NICHOLAS 764 WEST WOOD BEACH CIRCLE PANAMA CITY, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIFER, JUDY 726 BLUNCHARD PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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08/22/05-80001-011 70.00

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** 8-19-05 814-4133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #