

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723577

FILED
Mar 15, 2009
Secretary of State

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

Current Principal Place of Business:

20512 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32413 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 7223
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 59-1748210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROHR, COREY
Address: 3629 EAGLE LANE
City-St-Zip: PANAMA CITY, FL 32404 US

Title: S () Delete
Name: PARDO, SHARI A
Address: 705 WESTWOOD BEACH CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: TR () Delete
Name: PARDO, CARLOS H
Address: 707 WESTWOOD BEACH CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: TR () Delete
Name: HENRIQUES, ANTHONY
Address: 212 DOGWOOD APT C
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: TR () Delete
Name: HENRIQUES, CHRISTOPHER
Address: 212 DOGWOOD APT C
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

Title: TR () Delete
Name: WRIGHT, JEFFREY
Address: 120-A LAKESIDE CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARI A. PARDO

S

03/15/2009

Electronic Signature of Signing Officer or Director

Date