


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 726538 (2)</b>					
1. Corporation Name <b>THE WEST MARION VOLUNTEER FIRE DEPARTMENT, INC.</b>					
Principal Place of Business <b>7705 HWY 40 W OCALA FL 34482 US</b>			Mailing Address <b>7705 HWY 40 W OCALA FL 34482-4459 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
3. Date Incorporated or Qualified <b>05/29/1973</b>			3a. Date of Last Report <b>04/24/1996</b>		
4. FEI Number <b>59-1674496</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>		
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>ARD, KATHRYN 7814 HWY 40 W. OCALA FL 34482</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 <b>KATHRYN ARD</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>4-26-97</b>					
12. OFFICERS AND DIRECTORS					
TITLE	P	NAME	KHUNES, IVAN	<input type="checkbox"/> DELETE	
STREET ADDRESS			4500 NW BLITCHTON ROAD		
CITY-ST-ZIP			OCALA FL 34482-4077		
TITLE	V	NAME	STAFF, ALBERT	<input type="checkbox"/> DELETE	
STREET ADDRESS			5485 N.W. 61ST COURT		
CITY-ST-ZIP			OCALA FL 34482-2628		
TITLE	SD	NAME	SEITZ, TWILA	<input type="checkbox"/> DELETE	
STREET ADDRESS			8771 N.W. 60TH CT.		
CITY-ST-ZIP			OCALA FL 34482		
TITLE	TD	NAME	ARD, KATHY	<input type="checkbox"/> DELETE	
STREET ADDRESS			7814 HWY 40 W		
CITY-ST-ZIP			OCALA FL 34482-8218		
TITLE	D	NAME	SEISER, ALBERT	<input type="checkbox"/> DELETE	
STREET ADDRESS			6880 N.W. 62ND ST. RD.		
CITY-ST-ZIP			OCALA FL 34482		
TITLE	D	NAME	TOOTLE, DAVID	<input type="checkbox"/> DELETE	
STREET ADDRESS			6153 NN.W. 68TH COURT		
CITY-ST-ZIP			OCALA FL 34482		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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. SIGNATURE: <b>KATHRYN ARD</b> 4-26-97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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