

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726958

FILED
May 02, 2008
Secretary of State

Entity Name: WACCASSASA VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

112 N E FIRST AVE
TRENTON, FL 32693

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1093
TRENTON, FL 32693

New Mailing Address:

FEI Number: 59-1970643 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BIVENS, STEVE M
8899 S.E. 66TH CIRCLE
TRENTON, FL 32693 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: IVINES, JAMES A
Address: RT 3 BOX 619
City-St-Zip: TRENTON, FL 32693

Title: DV () Delete
Name: BURROUGHS, DAVID
Address: 7380 SE 85TH TRAIL
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: WEDER, RICK
Address: 1029 S MAIN ST
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: DAVIS, HUBERT
Address: 1022 E WADE ST
City-St-Zip: TRENTON, FL 32693

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CRUSE, TONY
Address: 112 N E FIRST AVE
City-St-Zip: TRENTON, FL 32693

Title: D () Change (X) Addition
Name: CONTI, NORMAN
Address: 112 N E FIRST AVE
City-St-Zip: TRENTON, FL 32693

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: RICK WEDER

D

05/02/2008

Electronic Signature of Signing Officer or Director

Date