2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 726958

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 ( )**

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:	D	( ) Delete
Name:	CRUSE, TONY	
Address:	112 N E FIRST AVE	
City-St-Zip:	TRENTON, FL 32693	
Title:	D	( ) Delete
Name:	CONTI, NORMAN	
Address:	112 N E FIRST AVE	
City-St-Zip:	TRENTON, FL 32693	

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:	( ) 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: RICK WEDER D 04/30/2009

Electronic Signature of Signing Officer or Director — Date