

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

95 MAY -1 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 730263 (1)
1. Corporation Name
WEST HILLSBOROUGH VOLUNTEER FIRE ASSOCIATION, IN C.

Principal Place of Business 8901 MEMORIAL HWY. TAMPA FL 33615 US	Mailing Address P O BOX 260699 TAMPA FL 33615
--	---

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Quantity
29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/24/1974	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1614088	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MORRIS, MICHELLE
11305 MARLEE CT
TAMPA FL 33635**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SEAMON, ROBERT
STREET ADDRESS	7007 BAYWOOD COURT
CITY ST ZIP	TAMPA FL
TITLE	VP
NAME	KAVANAUGH, JAMES
STREET ADDRESS	4918 SHETLAND RD.
CITY ST ZIP	TAMPA FL
TITLE	S
NAME	SSVARI, KATHY
STREET ADDRESS	8403 WOODBRIDGE BLVD.
CITY ST ZIP	TAMPA FL
TITLE	T
NAME	MORRIS, MICHELLE
STREET ADDRESS	11305 MARLEE COURT
CITY ST ZIP	TAMPA FL
TITLE	D
NAME	DIAZ, THAD
STREET ADDRESS	1908 AILEEN ST.
CITY ST ZIP	TAMPA FL
TITLE	D
NAME	PADDOCK, HARRY
STREET ADDRESS	8410 QUARTZ PLACE
CITY ST ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VP
23 STREET ADDRESS	JAMES SCHELL
24 CITY ST ZIP	4513 SUNDIAL DR
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SECRETARY
33 STREET ADDRESS	CATHY LIVESAY
34 CITY ST ZIP	6013 W. NORTH ST
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	D
63 STREET ADDRESS	FRANK LUTON
64 CITY ST ZIP	4503 PINEA HILLY

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.07(3)(b), 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: Michelle Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHELLE MORRIS

4-28-95 (813)-251-3008
DATE