

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **730263** (1)  
1. Corporation Name  
**WEST HILLSBOROUGH VOLUNTEER FIRE ASSOCIATION, INC.**



Principal Place of Business: **8901 MEMORIAL HWY. TAMPA FL 33615 US**  
Mailing Address: **P O BOX 260699 TAMPA FL 33685**

3. Date Incorporated or Qualified: **07/24/1974**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-1614088</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28	24	29
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MORRIS, MICHELLE 11305 MARLEE CT TAMPA FL 33635</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> SEAMON, ROBERT 7007 BAYWOOD COURT TAMPA FL	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VP</b> SOLLEE, JAMES 9513 SUNDIAL DR TAMPA FL	1.2 NAME	
TITLE	<b>S</b> LIVESAY, CATHY 6013 W NORTH ST TAMPA FL	1.3 STREET ADDRESS	
TITLE	<b>T</b> MORRIS, MICHELLE 11305 MARLEE COURT TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> DIAZ, THAD 1808 AILEEN ST. TAMPA FL	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> LETO, FRANK 4503 PICCADILLY TAMPA FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	<b>VP FRED LEGGETT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME	<b>4916 HALIFAX DR</b>
		3.3 STREET ADDRESS	<b>TAMPA FL 33615</b>
		3.4 CITY - ST - ZIP	
		4.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	<b>ST JOHN SAUTER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME	<b>7003 BAYWOOD CT</b>
		5.3 STREET ADDRESS	<b>TAMPA FL 33615</b>
		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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* MICHELLE MORRIS 4-26-96 (813) 251-3058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)