2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State
01-14-2004 90001 040 ****61.25

DOCUMENT # 732043

1. Entity Name
WEST SEBRING VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business	Mailing Address
2300 LONGVIEW CT. SEBRING, FL 33870	P O BOX 29 SEBRING, FL 33871-0029 US

01082004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-1664277 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OBERHAUSEN JR., FRANK C. 129 S. COMMERCE AVE. SEBRING, FL 33870	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: NEWELL M. HULL 1-10-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
CP ☐ GILLESPIE, PETER 2200 WHISPERING PINES DR. SEBRING, FL 33872	MANN, SCOTT (CHAIRPERSON) ☐ ☐ 3402 MOCKING-BIRD DR SEBRING, FL 33875
T HULL ☐ HULL, NEWELL 1131 KILLARNEY DRIVE SEBRING, FL 33872	☐ ☐
D ☐ DEERY, MICHAEL J 2124 NW Lakeview Dr 1935 ARBUCKLE CREEK RD SEBRING, FL 33870	☐ ☐
D ☐ HULL, JAMES 1131 KILLARNEY DR SEBRING, FL 33872	☐ ☐
D ☐ DAEGISTO, MICHAEL 3808 DUFFER RD SEBRING, FL 33872	☐ ☐
S ☐ WALKER-PEPPON 3748 NIC ROAD SEBRING, FL 33870	☐ ☐

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Newell M. Hull 1-10-04 863 385 7808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #