2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2008
Secretary of State

DOCUMENT# 732043

Entity Name: WEST SEBRING VOLUNTEER FIRE DEPARTMENT, INC

Current Principal Place of Business:

2300 LONGVIEW CT.
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

P O BOX 8214
SEBRING, FL 33870 US

New Mailing Address:

P. O. BOX 29
SEBRING, FL 33870 US

FEI Number: 59-1664277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, JR., MELL M
110 KAROLA DRIVE
SEBRING, FL 33870 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:	PRES	( ) Delete
Name:	DEERY, MICHAEL J	
Address:	2124 NW LAKEVIEW DR	
City-St-Zip:	SEBRING, FL 33870	
Title:	T	( ) Delete
Name:	WILLIAMS, JR, MELL	
Address:	110 KAROLA DRIVE	
City-St-Zip:	SEBRING, FL 33870	
Title:	D	( ) Delete
Name:	FOWLER, CHRIS	
Address:	1711 PASCO DRIVE	
City-St-Zip:	SEBRING, FL 33870	
Title:	D	( ) Delete
Name:	JACKSON, RONALD	
Address:	3461 SPARTA CIRCLE	
City-St-Zip:	SEBRING, FL 33870	
Title:	D	( ) Delete
Name:	QUIMBY, RICHARD	
Address:	3405 EAST SAINT ANDREWS DRIVE	
City-St-Zip:	AVON PARK, FL 33825	
Title:	D	( ) Delete
Name:	KINGSTON, BILLY	
Address:	307 U.S. HIGHWAY 27 SOUTH	
City-St-Zip:	SEBRING, FL 33870	

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: MELL WILLIAMS, JR. T 02/17/2008

Electronic Signature of Signing Officer or Director — Date