

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732043

FILED  
Apr 07, 2009  
Secretary of State

**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 29  
SEBRING, FL 33870 US

**New Mailing Address:**

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

**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

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date