2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 732947

1. Entity Name
WELAKA AREA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
PALMETTO STREET P O BOX 179 WELAKA, FL 32193	PALMETTO STREET P O BOX 179 WELAKA, FL 32193

DO NOT WRITE IN THIS SPACE

01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2948886 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, ROBERT
HCI 423L
311 S 2ND ST
SATSUMA, FL 32189

DO NOT WRITE IN THIS SPACE

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 ______________________________

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEE, ROBERT
STREET ADDRESS	311 SOUTH 2ND STREET
CITY ST ZIP	SATSUMA, FL 32189
TITLE	V
NAME	HAIRE, MIKE
STREET ADDRESS	310 S. BROAD ST., P.O. BOX 888
CITY ST ZIP	WELAKA, FL 32193
TITLE	T
NAME	JOHNSON, NEIL
STREET ADDRESS	POB 1315, 106 FLORIDIAN CLUB LN.
CITY ST ZIP	WELAKA, FL
TITLE	D
NAME	SANDS, GORDON
STREET ADDRESS	POB 415, 1 MILL STREET
CITY ST ZIP	WELAKA, FL
TITLE	D
NAME	FOX, ALICE
STREET ADDRESS	P.O. BOX 445, 1008 4TH AVENUE
CITY ST ZIP	WELAKE, FL 32193
TITLE	DS
NAME	BACK, NATASHA
STREET ADDRESS	794 COUNTY ROAD 308 B
CITY ST ZIP	POMONA PARK, FL 32181

U00000008492
01/20/04-80066-022 61.25

DO NOT WRITE IN THIS SPACE

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: Robert H. Lee 1-14-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #