


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 732947	
1. Entity Name WELAKA AREA VOLUNTEER FIRE DEPARTMENT, INC.	

Principal Place of Business PALMETTO STREET P O BOX 179 WELAKA, FL 32193	Mailing Address PALMETTO STREET P O BOX 179 WELAKA, FL 32193
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01212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2948886	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000513857 02/06/07 00033 008 61.25
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10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **1-29-07** **386-972-2690**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #