

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732947

FILED
Mar 09, 2009
Secretary of State

Entity Name: WELAKA AREA VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

PALMETTO STREET
400
WELAKA, FL 32193

New Principal Place of Business:

Current Mailing Address:

PALMETTO STREET
P. O. BOX 179
WELAKA, FL 32193

New Mailing Address:

FEI Number: 59-2948886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, ROBERT
311 SOUTH SECOND STREET
311 S 2ND ST
SATSUMA, FL 32189 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: P () Delete
Name: LEE, ROBERT
Address: 311 SOUTH 2ND STREET
City-St-Zip: SATSUMA, FL 32189

Title: V () Delete
Name: HAIRE, MIKE,
Address: 100 MAGNOLIA LANE
City-St-Zip: GEORGETOWN, FL 32139

Title: T () Delete
Name: JOHNSON, NEIL,
Address: POB 1315, 106 FLORIDIAN CLUB LN.
City-St-Zip: WELAKA, FL

Title: D () Delete
Name: SANDS, GORDON
Address: POB 415, 1 MILL STREET
City-St-Zip: WELAKA, FL

Title: D () Delete
Name: FOX, ALICE
Address: P.O. BOX 445, 1008 4TH AVENUE
City-St-Zip: WELAKE, FL 32193

Title: DS () Delete
Name: PAGE, LEXYNE
Address: P.O. BOX 215
City-St-Zip: WELAKA, FL 32193

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
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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: ROBERT LEE

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date