


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 08:00 A
Secretary of State

DOCUMENT # N00886
 1. Entity Name
FLORIDA WEST COAST FIRE ASSOCIATION, INC.



Principal Place of Business Mailing Address
4017 56TH AVENUE NORTH **4017 56TH AVENUE NORTH**
ST. PETERSBURG, FL 33714 **ST. PETERSBURG, FL 33714**

DO NOT WRITE IN THIS SPACE



05162007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2369300 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KEMEREN, RONALD F
1210 ROBIN RD S
SAINT PETERSBURG, FL 33707

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DRIER, TED 1056 MATA RD MASARYK TERR, FL 34604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KEMERER, RONALD FL. 4017 56TH AVENUE NORTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLBERT, JOE 610 FRANKLIN ST CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

000000765319
 05/31/07-80034-021-61.29

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: *Ronald F. Kemener* *Ronald F. Kemener* 5/24/07 727-481-5861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #