
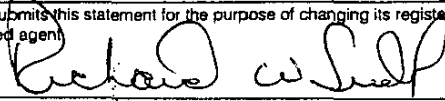
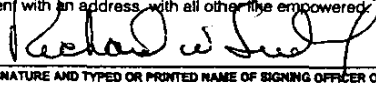


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90050 013 ****70.00

DOCUMENT # N00886					
1. Entity Name FLORIDA WEST COAST FIRE ASSOCIATION, INC.					
Principal Place of Business 4017 56TH AVENUE NORTH ST. PETERSBURG, FL 33714		Mailing Address 4017 56TH AVENUE NORTH ST. PETERSBURG, FL 33714			
2. Principal Place of Business - No P.O. Box # 13708 CORONADO DR		3. Mailing Address PO BOX 6951			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SPRING HILL FL		City & State SPRING HILL FL			
Zip 34609		Country FLORIDA		Zip 34611	
Country FLORIDA		Country FLORIDA			
4. FEI Number 59-2369300		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KEMEREN, RONALD F 1210 ROBIN RD S SAINT PETERSBURG, FL 33707			7. Name and Address of New Registered Agent Name: SUDOL, RICHARD W Street Address (P.O. Box Number is Not Acceptable): 13708 CORONADO DR City: SPRING HILL FL Zip Code: 34609		
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: 		RICHARD W. SUDOL		4/5/08	
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRIER, TED 1056 MATA RD MASARYK TERR, FL 34604 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENNIS ANDREWS 18900 CORTAZ BLVD - EOC BROOKS VILLE, FL 34601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEMEREN, RONALD F. 4017 56TH AVENUE NORTH ST. PETERSBURG, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SUDOL, RICHARD W 13708 CORONADO DR SPRING HILL FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLBERT, JOE 610 FRANKLIN ST CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MC ELLIOTT, WILLIAM 1042 VIRGINIA ST. DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD D EISS, MARSHALL, R 304 1ST ST. INDIAN ROCKS, FL 33785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 the empowered.					
SIGNATURE: 		Secretary/Treasurer		4/5/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	