

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90205 005 \*\*\*\*61.25

**DOCUMENT # N02000001544**

1. Entity Name  
WEDGEFIELD FIREWISE COMMUNITY, INC.



Principal Place of Business  
20744 REYNOLDS PKWY.  
ORLANDO, FL 32833

Mailing Address  
20744 REYNOLDS PKWY.  
ORLANDO, FL 32833

**60000972**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
02-0565552

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRESCOTT, MARY E  
20744 REYNOLDS PKWY.  
ORLANDO, FL 32833

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DC ☐ Delete  
NAME PRESCOTT, MARY  
STREET ADDRESS 20744 REYNOLDS PKWY.  
CITY-ST-ZIP ORLANDO, FL 32833

TITLE TD ☐ Delete  
NAME FLEMING, EDWARD  
STREET ADDRESS 4275 BANCROFT BLVD.  
CITY-ST-ZIP ORLANDO, FL 32833

TITLE VC ☐ Delete  
NAME LEAVITT, DONALD  
STREET ADDRESS 20525 MAJESTIC ST.  
CITY-ST-ZIP ORLANDO, FL 32833

TITLE SD ☒ Delete  
NAME BARGER, HELEN  
STREET ADDRESS 2247 ARCHER BLVD  
CITY-ST-ZIP ORLANDO, FL 32833

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/07

4075685141