

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 A
Secretary of State

DOCUMENT # N03000007212

1. Entity Name
WEWAHITCHKA SEARCH & RESCUE, INC.



Principal Place of Business
**109 S 2ND ST
WEWAHITCHKA, FL 32465**

Mailing Address
**P O BOX 555
WEWAHITCHKA, FL 32465**



02102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0497208

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MINCHEW, DONALD J
1181 E RIVER RD
WEWAHITCHKA, FL 32465**

**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

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
MINCHEW, DONALD J
1181 E RIVER RD
WEWAHITCHKA, FL 32465**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
NUNERY, CHARLES
237 S OLIVER ST
WEWAHITCHKA, FL 32465**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ALDERMAN, DOROTHY
287 MICHAEL ST
WEWAHITCHKA, FL 32465**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
NUNERY, ANN
237 S OLIVER ST
WEWAHITCHKA, FL 32465**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ALDERMAN, JOYCE
829 OLD TRANSFER RD
WEWAHITCHKA, FL 32465**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALDERMAN, KENNY
287 MICHAEL ST
WEWAHITCHKA, FL 32465**

U00000636509
02/26/07-80022-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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

Donald J. Mincher

President

2/10/07

850-639-2605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #