

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 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**



01142008 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 agents 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. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	MINCHEW, DONALD J
STREET ADDRESS	1181 E RIVER RD
CITY - ST - ZIP	WEWAHITCHKA, FL 32465
TITLE	VP
NAME	NUNERY, CHARLES
STREET ADDRESS	237 S OLIVER ST
CITY - ST - ZIP	WEWAHITCHKA, FL 32465
TITLE	T
NAME	ALDERMAN, DOROTHY
STREET ADDRESS	287 MICHAEL ST
CITY - ST - ZIP	WEWAHITCHKA, FL 32465
TITLE	S
NAME	NUNERY, ANN
STREET ADDRESS	237 S OLIVER ST
CITY - ST - ZIP	WEWAHITCHKA, FL 32465
TITLE	S
NAME	ALDERMAN, JOYCE
STREET ADDRESS	829 OLD TRANSFER RD
CITY - ST - ZIP	WEWAHITCHKA, FL 32465
TITLE	D
NAME	ALDERMAN, KENNY
STREET ADDRESS	287 MICHAEL ST
CITY - ST - ZIP	WEWAHITCHKA, FL 32465

U00000890164  
04/22/08-80082-024 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. Minchew*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/11/2008*  
Date

*850-639-3474*  
Daytime Phone #