

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007212

FILED
Apr 10, 2009
Secretary of State

Entity Name: WEWAHITCHKA SEARCH & RESCUE, INC.

Current Principal Place of Business:

109 S 2ND ST
WEWAHITCHKA, FL 32465

New Principal Place of Business:

Current Mailing Address:

P O BOX 555
WEWAHITCHKA, FL 32465

New Mailing Address:

FEI Number: 51-0497208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: MINCHEW, DONALD J
Address: 1181 E RIVER RD
City-St-Zip: WEWAHITCHKA, FL 32465

Title: VP () Delete
Name: NUNERY, CHARLES
Address: 237 S OLIVER ST
City-St-Zip: WEWAHITCHKA, FL 32465

Title: T () Delete
Name: ALDERMAN, DOROTHY
Address: 287 MICHAEL ST
City-St-Zip: WEWAHITCHKA, FL 32465

Title: S () Delete
Name: NUNERY, ANN
Address: 237 S OLIVER ST
City-St-Zip: WEWAHITCHKA, FL 32465

Title: S () Delete
Name: ALDERMAN, JOYCE
Address: 829 OLD TRANSFER RD
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: ALDERMAN, KENNY
Address: 287 MICHAEL ST
City-St-Zip: WEWAHITCHKA, FL 32465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ALDERMAN, DOROTHY
Address: 291 MICHAEL ST
City-St-Zip: WEWAHITCHKA, FL 32465

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: COX, PRISCILLA
Address: 451 LAKE ALICE DR
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D (X) Change () Addition
Name: ALDERMAN, KENNY
Address: 291 MICHAEL ST
City-St-Zip: WEWAHITCHKA, FL 32465

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD J. MINCHEW

P/D

04/10/2009

Electronic Signature of Signing Officer or Director

Date