

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

06 MAR -8 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000007399

1. Entity Name

WACISSA VOLUNTEER FIRE RESCUE INC.



Principal Place of Business

14496 WAUKEENAH HWY.
MONTICELLO, FL 32344

Mailing Address

P.O. BOX 172
WACISSA, FL 32361



03082006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0092487

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMIA, JAMES R
710 TRAM ROAD
PO BOX 106
WACISSA, FL 32361

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	GOMIA, JAMES R
STREET ADDRESS	710 TRAM ROAD
CITY-ST-ZIP	WACISSA, FL 32361
TITLE	P
NAME	BRYAN, JOEY
STREET ADDRESS	1033 TRAM ROAD
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	S
NAME	GILES, LOU
STREET ADDRESS	PO BOX 172
CITY-ST-ZIP	WACISSA, FL 32361
TITLE	D
NAME	WILLIAMS, RICHARD
STREET ADDRESS	PO BOX 172
CITY-ST-ZIP	WACISSA, FL 32361
TITLE	D
NAME	BRYAN, PRICE
STREET ADDRESS	PO BOX 172
CITY-ST-ZIP	WACISSA, FL 32361
TITLE	D
NAME	JOHNSON, SANDRA
STREET ADDRESS	PO BOX 172
CITY-ST-ZIP	WACISSA, FL 32361

900067377709
03/08/06--01003--022 **\$61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/06

Daytime Phone #