

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JAN -5 PM 2:33

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



01052007 No Chg-NP CR2E037 (4/06)

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fee  
200083984603  
01/11/07--01005--010 \*\*61.25

**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

**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:

*Joey Bryan - President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/07  
Date

Daytime Phone #