
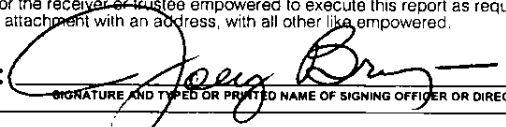


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JAN 22 AM 7:18

<b>DOCUMENT # N03000007399</b> 1. Entity Name <b>WACISSA VOLUNTEER FIRE RESCUE INC.</b>					
Principal Place of Business <b>14496 WAUKEENAH HWY. MONTICELLO, FL 32344</b>			Mailing Address <b>P.O. BOX 172 WACISSA, FL 32361</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01032008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>32-0092487</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GOMIA, JAMES R 710 TRAM ROAD PO BOX 106 WACISSA, FL 32361</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRYAN, JOEY</b>		NAME		
STREET ADDRESS	<b>1033 TRAM ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MONTICELLO, FL 32344</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GILES, LOU</b>		NAME		
STREET ADDRESS	<b>PO BOX 172</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WACISSA, FL 32361</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GOMIA, JAMES R</b>		NAME		
STREET ADDRESS	<b>710 TRAM ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WACISSA, FL 32361</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILLIAMS, RICHARD</b>		NAME		
STREET ADDRESS	<b>PO BOX 172</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WACISSA, FL 32361</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRYAN, PRICE</b>		NAME		
STREET ADDRESS	<b>PO BOX 172</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WACISSA, FL 32361</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JOHNSON, SANDRA</b>		NAME		
STREET ADDRESS	<b>PO BOX 172</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WACISSA, FL 32361</b>		CITY-ST-ZIP		
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 Ika empowered.					
<b>SIGNATURE:</b> 			<b>01/22/08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		