

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007399

FILED
Jan 07, 2009
Secretary of State

Entity Name: WACISSA VOLUNTEER FIRE RESCUE INC.

Current Principal Place of Business:

14496 WAUKEENAH HWY.
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 172
WACISSA, FL 32361

New Mailing Address:

FEI Number: 32-0092487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BRYAN, JOEY
1033 TRAM ROAD
MONTICELLO, FL 32361 US

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: JOEY BRYAN

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRYAN, JOEY
Address: 1033 TRAM ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: S () Delete
Name: GILES, LOU
Address: PO BOX 172
City-St-Zip: WACISSA, FL 32361

Title: T (X) Delete
Name: GOMIA, JAMES R
Address: 710 TRAM ROAD
City-St-Zip: WACISSA, FL 32361

Title: D () Delete
Name: WILLIAMS, RICHARD
Address: PO BOX 172
City-St-Zip: WACISSA, FL 32361

Title: D () Delete
Name: BRYAN, PRICE
Address: PO BOX 172
City-St-Zip: WACISSA, FL 32361

Title: D () Delete
Name: JOHNSON, SANDRA
Address: PO BOX 172
City-St-Zip: WACISSA, FL 32361

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: BRYAN, JOEY
Address: PO BOX 172
City-St-Zip: WACISSA, FL 32361

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

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

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

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

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

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: JOEY BRYAN

PT

01/07/2009

Electronic Signature of Signing Officer or Director

Date