

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002984

FILED
Apr 20, 2007
Secretary of State

Entity Name: WEST CENTRAL FLORIDA DISASTER SERVICES, INC.

Current Principal Place of Business:

115 - 112TH AVE. N.E.
#117
ST. PETERSBURG, FL 33716

New Principal Place of Business:

6851 - 13TH AVE. N.
ST. PETERSBURG, FL 33710

Current Mailing Address:

115 - 112TH AVE. N.E.
#117
ST. PETERSBURG, FL 33716

New Mailing Address:

6851 - 13TH AVE. N.
ST. PETERSBURG, FL 33710

FEI Number: 20-4507312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, DANIEL W
6851 - 13TH AVENUE NORTH
ST. PETERSBURG, FL 33710 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 () Delete
Name: BRAZIL, MAURICE S
Address: 115 112TH AVE NE #117
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VP () Delete
Name: JOHNSON, DANIEL W
Address: 6851 - 13TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33710

Title: SEC () Delete
Name: CRABBE, KAREN S
Address: 1334 EASTFIELD
City-St-Zip: CLEARWATER, FL 33764

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSON, DANIEL W
Address: 6851 13TH AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: VP (X) Change () Addition
Name: KIRLEY, SCOTT
Address: 12 HARBOR WOODS DR.
City-St-Zip: SAFETY HARBOR, FL 34695

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

Title: DIR () Change (X) Addition
Name: WRONA, NORM
Address: 5924 CAPE LOOP
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL W. JOHNSON

PRES

04/20/2007

Electronic Signature of Signing Officer or Director

Date