2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2012
Secretary of State

DOCUMENT# N07000004713

Entity Name: NORTHWEST FLORIDA VOLUNTEER FIREFIGHTER WEEKEND COUNCIL, INC.

Current Principal Place of Business:

3909 RESERVE DR
APT #2716
TALLAHASSEE, FL 32311

New Principal Place of Business:

19 PURPLE MARTIN COVE
CRAWFORDVILLE, FL 32327

Current Mailing Address:

3909 RESERVE DR
APT #2716
TALLAHASSEE, FL 32311

New Mailing Address:

19 PURPLE MARTIN COVE
CRAWFORDVILLE, FL 32327

FEI Number: 20-8989636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANK, CHARLES L
3909 RESERVE DR
APT #2716
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

FRANK, CHARLES L
19 PURPLE MARTIN COVE
CRAWFORDVILLE, FL 32327 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: 04/06/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: FRANK, CHARLES L
Address: 19 PURPLE MARTIN COVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: STD
Name: SACHS, COLEMAN J
Address: 77 HIDDEN COVE
City-St-Zip: VALPARAISO, FL 32580

Title: VP
Name: BROWN, DAVID
Address: 490 HWY 90 WEST
City-St-Zip: HOLT, FL 32564

I hereby 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 all other like empowered.

SIGNATURE: CHARLES L FRANK PD 04/06/2012
Electronic Signature of Signing Officer or Director — Date