FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13095 (7)

1. Corporation Name

WEST PUTNAM VOLUNTEER FIRE DEPARTMENT INC.

Principal Place of Business	Mailing Address
214 WEST COWPEN ROAD P. O. BOX 1857 HAWTHORNE FL 32640	104 RACE STREET ~~214 WEST COWPEN ROAD~~ P. O. BOX 1857 HAWTHORNE FL 32640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1986
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2642235 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 104 RACE STREET	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: HAWTHORNE	28 City & State
24 Zip: 32640 25 Country: PUTNAM	29 Zip 30 Country

9. Name and Address of Current Registered Agent

YARRINGTON, ANNE V.
108 ASH STREET AT ORANGE AVENUE
HAWTHORNE FL 32640

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	YARRINGTON, ANNE V.	1.2 NAME		
STREET ADDRESS	108 ASH AT ORANGE AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, WILLIE MAE	2.2 NAME		
STREET ADDRESS	4 NORTH KMAGNOLIA RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	TAYLOR, ELAINE	3.2 NAME	VELMA McAULIFFE	
STREET ADDRESS	164 FLORIDANDY ROAD	3.3 STREET ADDRESS	212 ELM STREET	
CITY-ST-ZIP	HAWTHORNE FL	3.4 CITY-ST-ZIP	HAWTHORNE, FL. 32640	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	WELLS, VIRGINIA	4.2 NAME		
STREET ADDRESS	319 INDIAN LAKE RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	JAMES RYAN(D)	☒ Change ☐ Addition
NAME	MULLINS, RON	5.2 NAME	304 CLEARWATER LAKE RD	
STREET ADDRESS	219 BAY STREET	5.3 STREET ADDRESS	HAWTHORNE, FL. 32640	
CITY-ST-ZIP	HAWTHRONE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ELLEN	6.2 NAME		
STREET ADDRESS	613 ORANGE AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	HAWTHRONE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anne V. Yarrington PRESIDENT &REG. AGENT 1/30/95 (904)481-2119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000010