

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13095

FILED
Mar 24, 2008
Secretary of State

Entity Name: WEST PUTNAM VOLUNTEER FIRE DEPARTMENT INC.

Current Principal Place of Business:

104 RACE ST
HAWTHORNE, FL 32640 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1857
HAWTHORNE, FL 32640 US

New Mailing Address:

FEI Number: 30-0281799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLYNN, CATINA L SEC.
241 BAY STREET
HAWTHORNE, FL 32640 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: PD () Delete
Name: PECK, GARY
Address: 100 WEST COWPEN LAKE ROAD
City-St-Zip: HAWTHORNE, FL 32640 US

Title: VD () Delete
Name: JENNINGS, LANCE
Address: 121 SILVER LAKE DRIVE
City-St-Zip: HAWTHORNE, FL 32640 US

Title: D () Delete
Name: MARY, JESS
Address: 130 OAKWOOD VILLAGE LANE
City-St-Zip: HAWTHORNE, FL 32640 US

Title: TD () Delete
Name: JORDAN, ELAINE
Address: 311-1 STAR LAKE DRIVE
City-St-Zip: HAWTHORNE, FL 32640 US

Title: D () Delete
Name: JORDAN, BIRKETT
Address: P O BOX 2481
City-St-Zip: HAWTHORNE, FL 32640 US

Title: D (X) Delete
Name: ANN, ELTON
Address: 111 OAKWOOD VILLAGE ROAD
City-St-Zip: HAWTHORNE, FL 32640 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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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: CATINA FLYNN

SEC.

03/24/2008

Electronic Signature of Signing Officer or Director

Date