

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24661

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** WEST BAY-WOODVILLE VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

6224 LAIRD PARK RD  
PANAMA CITY BEACH, FL 32413

**New Principal Place of Business:**

**Current Mailing Address:**

6224 LAIRD PARK RD  
PANAMA CITY BEACH, FL 32413

**New Mailing Address:**

**FEI Number:** 59-6000512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARKER, GORDON  
6224 LAIRD PARK RD.  
PANAMA CITY, FL 32413 US

**Name and Address of New Registered Agent:**

LEGLEITER, SHAWN  
6224 LAIRD PARK RD.  
PANAMA CITY, FL 32413 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: SHAWN LEGLEITER

04/29/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PARKER, GORDON  
Address: 6224 LAIRD PARK RD.  
City-St-Zip: PANAMA CITY, FL 32413

Title: VD ( ) Delete  
Name: CHILDS, SCOTTIE  
Address: 6224 LAIRD PARK RD.  
City-St-Zip: PANAMA CITY, FL 32413

Title: TD ( ) Delete  
Name: GREEN, SUSAN  
Address: 8038 HWY 179  
City-St-Zip: PANAMA CITY BCH, FL 32413

Title: SD ( ) Delete  
Name: GIBSON, MARY  
Address: 6224 LAIRD PARK RD.  
City-St-Zip: PANAMA CITY, FL 32413

Title: MAL ( ) Delete  
Name: GIBSON, RON  
Address: 6224 LAIRD PARK RD.  
City-St-Zip: PANAMA CITY, FL 32413

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LEGLEITER, SHAWN  
Address: 6224 LAIRD PARK RD.  
City-St-Zip: PANAMA CITY, FL 32413

Title: VD (X) Change ( ) Addition  
Name: VERHONICH, NICK  
Address: 6224 LAIRD PARK RD.  
City-St-Zip: PANAMA CITY, FL 32413

Title: TD (X) Change ( ) Addition  
Name: GREEN, SUSAN  
Address: 6224 LAIRD PARK RD.  
City-St-Zip: PANAMA CITY BCH, FL 32413

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: SHAWN LEGLEITER

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date