

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24661

FILED
Feb 24, 2009
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:

LEGLEITER, SHAWN
6224 LAIRD PARK RD.
PANAMA CITY, FL 32413 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: LEGLEITER, SHAWN
Address: 6224 LAIRD PARK RD.
City-St-Zip: PANAMA CITY, FL 32413

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

Title: TD () Delete
Name: GREEN, SUSAN
Address: 6224 LAIRD PARK RD.
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: SD (X) Change () Addition
Name: GIBSON, RON
Address: 6224 LAIRD PARK RD.
City-St-Zip: PANAMA CITY, FL 32413

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

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

02/24/2009

Electronic Signature of Signing Officer or Director

Date