


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90092 025 ****61.25

DOCUMENT # N27234 1. Entity Name WETUMPKA VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 25 MCCALL BRIDGE RD QUINCY, FL 32351 US			Mailing Address P.O. BOX 1031 QUINCY, FL 32353-1031 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2910071	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOSEY, TERRY 635 DRAKE ACRES ROAD QUINCY, FL 32351				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Terry Hosey</i></u> <small>Signature, typed or printed name of registered agent and title is applicable.</small>				DATE <u>3-6-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	FC	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOSEY, TERRY		NAME	CLOUD, FLAKE	
STREET ADDRESS	635 DRAKE ACRES RD		STREET ADDRESS	121 COOL SPRINGS LANE	
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARRAMORE, RAINEY		NAME	MAXWELL, ROBERT H.	
STREET ADDRESS	2991 OLD FEDERAL RD		STREET ADDRESS	94 B.W. MARTIN ROAD	
CITY-ST-ZIP	QUINCY, FL		CITY-ST-ZIP	QUINCY, FL 32353	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLOUD, LILLIE K		NAME	WEATHERFORD, MARJORY	
STREET ADDRESS	121 COOL SPRINGS LANE		STREET ADDRESS	P.O. BOX 1333	
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP	QUINCY, FL 32353-1333	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, GEORGE		NAME		
STREET ADDRESS	224 CHIMGUSON WAY		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNSON, CAROL		NAME		
STREET ADDRESS	236 CASOWDUN		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTLE, W.O.		NAME		
STREET ADDRESS	394 TALGUIN AVE		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>R. Parramore</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-6-07</u> ²⁵⁸ Daytime Phone # <u>627-3330</u>		