

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N41814

1. Entity Name
W.C.H.M. FIRE ASSOCIATION, INC.



Principal Place of Business
C/O DON BLOCK
P O BOX 429
PLYMOUTH, FL 32768-0429 US

Mailing Address
C/O DON BLOCK
P O BOX 429
PLYMOUTH, FL 32768-0429 US

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02092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3856170

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, PATRICK T.
2560 N HWY 441
PLYMOUTH, FL 32768

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IN THIS SPACE**

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

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARRINGTON, SUSAN L.
STREET ADDRESS	P.O. BOX 607774, N/A
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	BLOCK DON
STREET ADDRESS	2560 N HWY 441
CITY-ST-ZIP	PLYMOUTH, FL
TITLE	D
NAME	BAYLARK STEVE
STREET ADDRESS	2560 N HWY 441
CITY-ST-ZIP	PLYMOUTH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/16/06-80008-005 61.25

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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: Donald Blak **DONALD BLAK (TREASURER)** 3-1-06 407 886 7730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #