

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

05-13-2004 90005 041 \*\*\*\*61.25

**DOCUMENT # N43414**

1. Entity Name

WESTSIDE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

16229 SW CHARLIE WOOD RD  
BLOUNTSTOWN FL 32424

Mailing Address

18596 SR 20 W  
BLOUNTSTOWN FL 32424

2. Principal Place of Business

18212 SR 20 West

3. Mailing Address

Suite, Apt. #, etc.

City & State

Blountstown, FL

City & State

Zip

32424

Country

USA

Zip

Country

4. FEI Number

59-3065885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARK, ROBERT L  
18979 SW MATHEW WOOD RD  
BLOUNTSTOWN FL 32424

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Ann Clark

Ann Clark

04/05/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: CLARK, ROBERT L  
STREET ADDRESS: 18979 SW MATHEW WOOD RD  
CITY-ST-ZIP: BLOUNTSTOWN FL 32424 ☐ Delete

TITLE: VP  
NAME: COKER, DAVID  
STREET ADDRESS: 18114 SR 20 W  
CITY-ST-ZIP: BLOUNTSTOWN FL 32424 ☐ Delete

TITLE: ST  
NAME: CLARK, ANN  
STREET ADDRESS: 18979 SW MATHEW WOOD RD  
CITY-ST-ZIP: BLOUNTSTOWN FL 32424 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ann Clark

Ann Clark

04/05/04

850 674-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #