


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N43414</b><br>1. Entity Name<br><b>WESTSIDE VOLUNTEER FIRE DEPARTMENT, INC.</b> |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>18212 SR 20 WEST<br/>BLOUNTSTOWN FL 32424</b> | Mailing Address<br><b>18596 SR 20 W<br/>BLOUNTSTOWN FL 32424</b> |
|---|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-3065885</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>CLARK, ROBERT L<br/>18979 SW MATHEW WOOD RD<br/>BLOUNTSTOWN FL 32424</b> |
|---|

|  |             |
|--|-------------|
| <b>7. Name and Address of New Registered Agent</b> |             |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |   |                                    |  |
|--|---|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS   |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Delete |
| VP<br>CLARK, ROBERT L<br>18979 SW MATHEW WOOD RD<br>BLOUNTSTOWN FL 32424 |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Delete |
| VP<br>COKER, DAVID<br>18114 SR 20 W<br>BLOUNTSTOWN FL 32424              |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Delete |
| ST<br>CLARK, ANN<br>18979 SW MATHEW WOOD RD<br>BLOUNTSTOWN FL 32424      |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Delete |
|  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Delete |
|  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Delete |
|  |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **04/23/05 850 674 9800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #