

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90124 004 ****61.25

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|--|--|---|--|---|--|
| DOCUMENT # N43414 1. Entity Name WESTSIDE VOLUNTEER FIRE DEPARTMENT, INC. | | | | | |
| Principal Place of Business 18212 SR 20 WEST BLOUNTSTOWN, FL 32424 | | | Mailing Address 18596 SR 20 W BLOUNTSTOWN, FL 32424 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 18212 SR 20 W | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State Blountstown | | 4. FEI Number 59-3065885 | |
| Zip | | Zip FL | | Country USA | |
| Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 Clark, Ann L. Street Address (P.O. Box Number is Not Acceptable) 18979 SW Matthew Wood Rd City Blountstown FL Zip Code 32424 | | |
| 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>Ann L Clark</i></u> <u><i>Ann L. Clark / Secretary</i></u> <u><i>07/09/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 14, 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 NAME STREET ADDRESS CITY-ST-ZIP | P CLARK, ROBERT L 18979 SW MATHEW WOOD RD BLOUNTSTOWN, FL 32424 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Wayne P. White 18985 NE Hayes S/D Rd Blountstown, FL 32424 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP COKER, DAVID 18114 SR 20 W BLOUNTSTOWN, FL 32424 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Matthew L. Clark 18979 SW Matthew Wood Rd Blountstown, FL 32424 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST CLARK, ANN 18979 SW MATHEW WOOD RD BLOUNTSTOWN, FL 32424 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Ann L Clark 18979 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WHITE, WAYNE P 18985 NE HAYES SUBDIVISION RD BLOUNTSTOWN, FL 32424 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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 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>Ann L. Clark</i></u> <u><i>Ann L. Clark</i></u> <u><i>07/10/07</i></u> <u><i>850 674-8075</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |