2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N43414

Entity Name: WESTSIDE VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

18212 SR 20 WEST
BLOUNTSTOWN, FL 32424

New Principal Place of Business:

Current Mailing Address:

18212 SR 20 WEST
BLOUNTSTOWN, FL 32424

New Mailing Address:

FEI Number: 59-3065885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, ANN L
18979 SW MATHEW WOOD RD
BLOUNTSTOWN, FL 32424 US

Name and Address of New Registered Agent:

HARRELL, DOUGLAS A
15910 SW CHARLIE WOOD RD
BLOUNTSTOWN, FL 32424 US

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.

SIGNATURE: DOUGLAS A. HARRELL 04/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WHITE, WAYNE P
Address: 18985 NE HAYES S/D RD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: VP ( ) Delete
Name: CLARK, MATTHEW L
Address: 18979 SW MATHEW WOOD RD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: ST ( ) Delete
Name: CLARK, ANN
Address: 18979 SW MATHEW WOOD RD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: VP ( ) Delete
Name: WHITE, WAYNE P
Address: 18985 NE HAYES SUBDIVISION RD
City-St-Zip: BLOUNTSTOWN, FL 32424

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HARRELL, DOUGLAS A
Address: 15910 SW CHARLIE WOOD RD.
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: VP (X) Change ( ) Addition
Name: MONEY, ANTHONY
Address: 13173 SW JUDSIE DYKES RD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: T (X) Change ( ) Addition
Name: WHITE, WAYNE P
Address: 18985 NE HAYES SUBDIVISION RD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: S (X) Change ( ) Addition
Name: PRUETTE, RITA
Address: 16355 NW WILLARD SMITH RD
City-St-Zip: BLOUNTSTOWN, FL 32424

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS A. HARRELL P 04/23/2009
Electronic Signature of Signing Officer or Director Date