

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 22 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000000242 (4)**  
 1. Corporation Name  
**WESCONNETT VOLUNTEER FIREFIGHTERS ASSOCIATION IN C.**



Principal Place of Business 5423 MANOR DR JACKSONVILLE FL 32244	Mailing Address 5423 MANOR DR JACKSONVILLE FL 32244
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3. Date Incorporated or Qualified  
**01/13/1997**

4. FEI Number Applied For  
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**LAMBERT, NORMA A**  
**5423 MANOR DR**  
**JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent  
 81 Name **LAMBERT NORMAN D A**  
 82 Street Address (P.O. Box Number is Not Acceptable) **5963 SONORA DR W**  
 83  
 84 City **JACKSONVILLE** FL 85 Zip Code **32244**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Norman D Lambert* **NORMAN D LAMBERT** **1-4-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP SUMNER, GARRY L 4809 BLACK PINE CT JACKSONVILLE FL 32210	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV TERREAUULT, RALPH 4335B HARLOW BLVD JACKSONVILLE FL 32210	2.1 TITLE	DV BEATT DENNIS 5515 118TH ST LOT 106 JACKSONVILLE, FL 32244
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D JEAN, DANIEL 5972 BLACKTHORN RD JACKSONVILLE FL 32244	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D TITTLE, SCOTT 5145 TIMAWATHA AVE JACKSONVILLE FL 32210	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norman D Lambert* **NORMAN D LAMBERT** **1-4-98** **704 308 8469**  
Signature, typed or printed name of signing officer or director Date Day/Time Phone # 0005272

CR2E037 (10/97)