2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004039

FILED May 08, 2007 Secretary of State

Entity Name: WEST PASCO VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

4602 MILE STRETCH ROAD 9506 CRABTREE LN HOLIDAY, FL 34690 PORT RICHEY, FL 34668

Current Mailing Address: New Mailing Address:

PO BOX 1533 ELFERS, FL 34680

FEI Number: 59-3576621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KEAVENY, BARRY V BIASOTTI, ANTHONY E 11916 SMITH BLVD 9506 CRABTREE LN

HUDSON, FL 34667 US NEW PORT RICHEY, FL 34668 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: ANTHONY BIASOTTI 05/08/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP () Delete Title: DP (X) Change () Addition

 Name:
 KEAVENY, BARRY V
 Name:
 BIASOTTI, ANTHONY E

 Address:
 11916 SMITH BLVD
 Address:
 7215 BROADMOOR DR

 City-St-Zip:
 HUDSON, FL 34667
 City-St-Zip:
 NEW PORT RICHEY, FL 34653

Title: DV (X) Delete Title: () Change () Addition

 Name:
 MIELKE, FRED E
 Name:

 Address:
 10205 OAK HILL DR
 Address:

 City-St-Zip:
 PORT RICHEY, FL 34668
 City-St-Zip:

Title: DS () Delete Title: () Change () Addition

 Name:
 SCHMIDT, ALAN
 Name:

 Address:
 11630 SALMON DR.
 Address:

 City-St-Zip:
 PORT RICHEY, FL 34668
 City-St-Zip:

Name: BIASOTT, MATHEW T Name: BLANCO, CRISTINA
Address: 8917 CATOLINA DR Address: BROADMOOR DR
City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: NEW PORT RICHEY, FL 34653

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: ANTHONY BIASOTTI DP 05/08/2007