

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004039

FILED
Apr 29, 2008
Secretary of State

Entity Name: WEST PASCO VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

9506 CRABTREE LN
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

PO BOX 1533
ELFERS, FL 34680

New Mailing Address:

FEI Number: 59-3576621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BIASOTTI, ANTHONY E
9506 CRABTREE LN
NEW PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

GERVASI, RONALD
4402 NORTHAMPTON DRIVE
NEW PORT RICHEY, FL 34653 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: RONALD GERVASI

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BIASOTTI, ANTHONY E
Address: 7215 BROADMOOR DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DS () Delete
Name: SCHMIDT, ALAN
Address: 11630 SALMON DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: DT () Delete
Name: BLANCO, CRISTINA
Address: BROADMOOR DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GERVASI, RONALD
Address: 4402 NORTHAMPTON DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP () Change (X) Addition
Name: CAMACHO, CHRIS
Address: 7901 BRODIE DRIVE
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: ALAN SCHMIDT

DS

04/29/2008

Electronic Signature of Signing Officer or Director

Date