2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2009
Secretary of State

DOCUMENT# N98000004039

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)**
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:

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

Name and Address of New Registered Agent:

BIASOTTI, ANTHONY
8917 CANTALINA DRIVE
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: ANTONY BIASOTTI 05/25/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GERVASI, RONALD
Address: 4402 NORTHAMPTON DRIVE
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: DVP ( ) Delete
Name: CAMACHO, CHRIS
Address: 7901 BRODIE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BIASOTTI, ANTHONY
Address: 8917 CATALINA DRIVE
City-St-Zip: PORT RICHEY, FL 34668

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

Title: DT (X) Change ( ) Addition
Name: FOURNIER, MICHAEL J
Address: 11941 SMITH BLVD
City-St-Zip: HUDSON, FL 34667

Title: DVP (X) Change ( ) Addition
Name: CALABRIA, PHILLIP S
Address: 12954 SOLOLA WAY
City-St-Zip: TRINITY, FL 34655

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 05/25/2009
Electronic Signature of Signing Officer or Director Date