FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:10

DOCUMENT # **737885** **(4)**

1. Corporation Name

ST. AUGUSTINE SHORES AREA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
ST. JOHNS COUNTRY STATION NO 11 BOX 448 SHORES BLVD ST. AUGUSTINE SHORES FL 32085-0448	4211 US HWY SOUTH 120 ST.AUGUSTINE FL 32086 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1977	3a. Date of Last Report: 05/17/1994
4. FEI Number: 59-1729803	☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEWEY, SANFORD D 717 BAHIA DRIVE ST. AUGUSTINE SHORES FL 32086	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	KELLY, HARRY	1.2 NAME	
STREET ADDRESS	3 MAGNOLIA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE SHRS FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	DEWEY, SANFORD	2.2 NAME	
STREET ADDRESS	717 BAHIA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE SHRS FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	SCHLIEVERT, ROGER L	3.2 NAME	
STREET ADDRESS	204 PHOENETIA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SANTELLA, FRANK	4.2 NAME	
STREET ADDRESS	661 PALERMO RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE SHRS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	VD ☒ Change ☐ Addition
NAME	AGEE, WILLIAM	5.2 NAME	
STREET ADDRESS	220 BARACOA CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	MCGUIRE, JOHN	6.2 NAME	
STREET ADDRESS	55 CORAL REEF CT. NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	6.4 CITY-ST-ZIP	

Krasucki, Robert
58 Angelo Ln.
St. Augustine, FL 32086

Gedris, Anthony
834 Viscaya Blvd.
St. Augustine, FL 32086

Agee, William
220 Baracoa Ct.
St. Augustine, FL. 32086

Willard, Meredith
4036 Pine Run Cir.
St. Augustine, FL 32086

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sanford D. Dewey March 29, 1995 904-797-7556
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone

SANFORD D. DEWEY, TREAS./DIR.