

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 737885 (4)

1. Corporation Name

**ST. AUGUSTINE SHORES AREA VOLUNTEER FIRE DEPT
ENT, 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**

3. Date Incorporated or Qualified
01/21/1977

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 **PD** ☐ DELETE
NAME **KRASUCKI, ROBERT**
STREET ADDRESS **58 ANGELO LN**
CITY-ST-ZIP **ST. AUGUSTINE FL**

11 TITLE **D** ☐ Change ☒ Addition
12 NAME **REAMS, DAVID**
13 STREET ADDRESS **760 DEL MORA LN. St. AUGUSTINE, FL.**
14 CITY-ST-ZIP **32086**

TITLE **TD** ☐ DELETE
NAME **DEWEY, SANFORD**
STREET ADDRESS **717 BAHIA DR**
CITY-ST-ZIP **ST AUGUSTINE SHRS FL**

21 TITLE **D** ☐ Change ☒ Addition
22 NAME **KEEN, JOSEPH**
23 STREET ADDRESS **6060 US 1 SOUTH**
24 CITY-ST-ZIP **ST. AUGUSTINE, FL, 32086**

TITLE **SD** ☐ DELETE
NAME **GEDRIS, ANTHONY**
STREET ADDRESS **834 BISCAYNE BLVD**
CITY-ST-ZIP **ST. AUGUSTINE FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SANTELLA, FRANK**
STREET ADDRESS **861 PALERMO RD**
CITY-ST-ZIP **ST AUGUSTINE SHRS FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **AGEE, WILLIAM**
STREET ADDRESS **220 BARACOA CT**
CITY-ST-ZIP **ST. AUGUSTINE FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **WILLIARD, MEREDITH**
STREET ADDRESS **4036 PINE RUN CIRCLE**
CITY-ST-ZIP **ST. AUGUTINE FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SANFORD D. DEWEY, DIRECTOR

April 9, 1996 904-797-7556
Date Daytime Phone #

CR2E037 (12/95)