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NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 DEPARTM ENT, INC.

Principal Place of Business	Mailing Address
County 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: 04/24/1996

2. Principal Place of Business
21 448 Shores Blvd.
Suite, Apt. #, etc. 22
City & State 23 St. Augustine, FL
Zip 24 32086 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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**

DEWEY, SANFORD D
717 BAHIA DRIVE
ST. AUGUSTINE SHORES FL 32086

10. **Name and Address of New Registered Agent**

81 Name: Michael K. Tippit
82 Street Address (P.O. Box Number is Not Acceptable): 94 Shores Blvd.
83
84 City: St. Augustine FL 85 Zip Code: 32086

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] MICHAEL K. TIPPIT — 3-9-97
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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KRASUCKI, ROBERT		1.2 NAME	William Agee	
STREET ADDRESS	58 ANGELO LN		1.3 STREET ADDRESS	220 BARACOA Ct.	
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	DEWEY, SANFORD		2.2 NAME	Michael K. Tippit	
STREET ADDRESS	717 BAHIA DR		2.3 STREET ADDRESS	94 Shores Blvd.	
CITY-ST-ZIP	ST AUGUSTINE SHRS FL		2.4 CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	SD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	GEDRIS, ANTHONY		3.2 NAME	Anthony Gedris	
STREET ADDRESS	834 BISCAYNE BLVD		3.3 STREET ADDRESS	834 Viscaya Blvd.	
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4 CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SANTELLA, FRANK		4. 2 NAME		
STREET ADDRESS	861 PALERMO RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE SHRS FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	AGEE, WILLIAM		5.2 NAME	Troy Franklin	
STREET ADDRESS	220 BARACOA CT		5.3 STREET ADDRESS	417 Travino Ave.	
CITY-ST-ZIP	ST. AUGUSTINE FL		5.4 CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	D	☒ DELETE	6.1 TITLE	SD	☐ Change ☒ Addition
NAME	REAMS, DAVID		6.2 NAME	Connie Manning	
STREET ADDRESS	760 DEL MORA LN		6.3 STREET ADDRESS	6060 U.S. 1 South	
CITY-ST-ZIP	ST AUTUSTINE FL		6.4 CITY-ST-ZIP	St. Augustine, FL 32086	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] MICHAEL TIPPIT — 3-9-97 — 904-460-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0077257