SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

0014034

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
448 SHORES BLVD. ST AUGUSTINE FL 32086 US	4211 US HWY SOUTH 120 ST.AUGUSTINE FL 32086 US

3. Date Incorporated or Qualified: 01/21/1977

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

TIPPIT, MICHAEL K.
94 SHORES BLVD.
ST. AUGUSTINES FL 32086

10. Name and Address of New Registered Agent

81 Name: ~~Angela~~ Keiser, Angela
82 Street Address (P.O. Box Number Is Not Acceptable): 3872 Osprey Circle Apt.C
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: Angela Keiser 7/12/98
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		☐ Change ☐ Addition
NAME	AGEE, WILLIAM		1.2 NAME		
STREET ADDRESS	220 BARACEA CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	TIPPIT, MICHAEL K.		2.2 NAME	Tippit, Michael K.	
STREET ADDRESS	94 SHORES BLVD		2.3 STREET ADDRESS	94 Shores Blvd.	
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-ST-ZIP	St Augustine, FL 32086	
TITLE	VD	☒ DELETE	3.1 TITLE	TSD	☐ Change ☒ Addition
NAME	GEDRIS, ANTHONY		3.2 NAME	Keiser, Angela	
STREET ADDRESS	834 VISCAYA BLVD		3.3 STREET ADDRESS	3872 Osprey Circle Apt.C	
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4 CITY-ST-ZIP	St Augustine, FL 32086	
TITLE	D	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	SANTELLA, FRANK		4.2 NAME	Kelly, Harry	
STREET ADDRESS	861 PALERMO RD		4.3 STREET ADDRESS	3 magnolia lane	
CITY-ST-ZIP	ST AUGUSTINE SHRS FL		4.4 CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	FRANKLIN, TROY		5.2 NAME	Schlievert, Roger	
STREET ADDRESS	318 CASSURINA CIRCLE		5.3 STREET ADDRESS	204 Phoenecia Drive	
CITY-ST-ZIP	ST. AUGUSTINE FL		5.4 CITY-ST-ZIP	St Augustine, FL 32086	
TITLE	SD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MANNING, CONNIE		6.2 NAME		
STREET ADDRESS	6080 US 1 SOUTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUTUSTINE FL		6.4 CITY-ST-ZIP		

CR2E037 (5/98)

14. I 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: Angela Keiser Angela Keiser 7/26/98 904-797-6209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #