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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737885

1. Corporation Name

**ST. AUGUSTINE SHORES AREA VOLUNTEER FIRE DEPARTM
ENT, INC.**

Principal Place of Business

448 SHORES BLVD.
ST AUGUSTINE FL 32086
US

Mailing Address

4211 US HWY SOUTH
120
ST.AUGUSTINE FL 32086
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

KEISER, ANGELA
3872 OSPREY CIRCLE APT C
ST. AUGUSTINES FL 32086

10. Name and Address of New Registered Agent

81 Name

Hutson, Kori

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

129 Pelican Rd.

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

Kori Hutson Kori Hutson

3/2/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME AGEE, WILLIAM
STREET ADDRESS 220 BARACEA CT.
CITY-ST-ZIP ST. AUGUSTINE FL
☒ DELETE

TITLE D
NAME TIPPIT, MICHAEL K
STREET ADDRESS 94 SHORES BLVD
CITY-ST-ZIP ST AUGUSTINE FL 32086
☒ DELETE

TITLE TSD
NAME KEISER, ANGELA
STREET ADDRESS 3872 OSPREY CIRCLE APT C
CITY-ST-ZIP ST. AUGUSTINE FL 32086
☒ DELETE

TITLE VD
NAME KELLY, HARRY
STREET ADDRESS 3 MAGNOLIA LANE
CITY-ST-ZIP ST AUGUSTINE FL 32086
☒ DELETE

TITLE D
NAME SCHLIEVERT, ROGER
STREET ADDRESS 204 PHOENETIA DRIVE
CITY-ST-ZIP ST AUGUSTINE FL 32086
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME GEDRIS, ANTHONY
1.3 STREET ADDRESS 834 VISCAYA BLVD
1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32086
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☒ Addition

3.1 TITLE SD
3.2 NAME Hutson, Kori
3.3 STREET ADDRESS 129 Pelican Rd.
3.4 CITY-ST-ZIP St. Augustine, FL 32086
☐ Change ☒ Addition

4.1 TITLE TD
4.2 NAME Grammarinano-Inman, Denise
4.3 STREET ADDRESS 950 Mariana PL
4.4 CITY-ST-ZIP St. Augustine, FL 32086
☐ Change ☒ Addition

5.1 TITLE VD
5.2 NAME SHUMAKER PATRICK L
5.3 STREET ADDRESS 1061 mindello ave
5.4 CITY-ST-ZIP ST AUGUSTINE FL 32086
☐ Change ☒ Addition

6.1 TITLE D
6.2 NAME Keen, Christie M.
6.3 STREET ADDRESS 6080 U.S. 1 South lot 1
6.4 CITY-ST-ZIP St. Augustine, FL 32086
☐ Change ☒ Addition

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, with all other like empowered.

SIGNATURE: *Kori Hutson* SIGNATURE REQUIRED Kori Hutson 4-6-99 904-919-3882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)