

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

**APPROVED
AND
FILED**

95 MAY -1 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N10391** (3)
1. Corporation Name
PONTE VEDRA VOLUNTEER FIRE DEPARTMENT INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% EDWARD F. HOUSTON II **% EDWARD F. HOUSTON II**
P.O. BOX 220 **P.O. BOX 220**
PONTE VEDRA BEACH FL 32004-0220 **PONTE VEDRA BEACH FL 32004-0220**

3. Date Incorporated or Qualified **07/23/1985** 3a. Date of Last Report **06/21/1994**

4. FEI Number **59-2875274** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOUSTON, EDWARD F II
607 PONTE VEDRA BLVD.
(PO BOX 220)
PONTE VEDRA FL 32082

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 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

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 | TD |
| NAME | LEMASTER, JOSH |
| STREET ADDRESS | 86 RIO DR. |
| CITY-ST-ZIP | PONTE VEDRA FL 32082 |
| TITLE | VS |
| NAME | GRANT, STEVE |
| STREET ADDRESS | 6 BONITA DR. |
| CITY-ST-ZIP | PONTE VEDRA FL 32082 |
| TITLE | D |
| NAME | WILLIAMS, SAM |
| STREET ADDRESS | P.O. BOX 220 N/A |
| CITY-ST-ZIP | PONTE VEDRA FL 32082 |
| TITLE | PD |
| NAME | HOUSTON, EDWARD F II |
| STREET ADDRESS | 607 PONTE VEDRA BLVD. |
| CITY-ST-ZIP | PONTE VEDRA FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 5004 BATTENWOOD DR |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | VSD |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | REMOVE |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 400001527804 |
| 4.4 CITY-ST-ZIP | -06/30/95--01012--014 |
| | *****61.25 *****61.25 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

REMITTED BY MAY 1

SIGNATURE:

[Signature] **TREASURER**

4/23/95 (904) 285-2073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #