


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10391 (3)
 1. Corporation Name
PONTE VEDRA VOLUNTEER FIRE DEPARTMENT INC.



Principal Place of Business % EDWARD F. HOUSTON II P.O. BOX 220 PONTE VEDRA BEACH FL 32004-0220	Mailing Address % EDWARD F. HOUSTON II P.O. BOX 220 PONTE VEDRA BEACH FL 32004-0220
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3. Date Incorporated or Qualified 07/23/1985	Applied For Not Applicable
4. FEI Number 59-2875274	

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	25 Country	29 Country	30
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HOUSTON, EDWARD F II
697 PONTE VEDRA BLVD.
(PO BOX 220)
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent
 81 Name
LEMASTER JOSH P
 82 Street Address (P.O. Box Number is Not Acceptable)
5004 BUTTWOOD DR
 83
 84 City
PONTE VEDRA **FL** 85 Zip Code
32082

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] DATE: 1/19/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMASTER, JOSH	1.2 NAME	
STREET ADDRESS	5004 BUTTWOOD DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL 32082	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, BOB	2.2 NAME	KNIGHT, JAMES
STREET ADDRESS	19 19 MACKERAL STREET	2.3 STREET ADDRESS	126 PALM VALLEY WOODS DR
CITY-ST-ZIP	PONTE VEDRA FL	2.4 CITY-ST-ZIP	PONTE VEDRA FL 32082
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSTON, EDWARD F II	3.2 NAME	WISNOUSKY GEORGE
STREET ADDRESS	697 PONTE VEDRA BLVD.	3.3 STREET ADDRESS	552 LAKE RD
CITY-ST-ZIP	PONTE VEDRA FL	3.4 CITY-ST-ZIP	PONTE VEDRA FL 32082
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: [Signature] **TREASURER** DATE: 1/19/98 (904) 940-4009

CR2E037 (10/97)