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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N10391

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



2. Principal Place of Business

21 c/o JOSH LEMASTER

2a. Mailing Address

26 c/o JOSH LEMASTER

3. Date Incorporated or Qualified

07/23/1985

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

59-2875274

Applied For

Not Applicable

23 City & State

28 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip Country

25

29 Zip Country

30

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LEMASTER, JOSH P.
5004 BUTTONWOOD DR
(PO BOX 220)
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD DELETE

NAME LEMASTER, JOSH
STREET ADDRESS 5004 BUTTONWOOD DR.
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE VSD DELETE

NAME KNIGHT, JAMES
STREET ADDRESS 126 PALM VALLEY WOODS DR
CITY-ST-ZIP PONTE VERDA FL 32082

TITLE PD DELETE

NAME WISNOSKY, GEORGE
STREET ADDRESS 582 LAKE RD
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

(904)923-2229

Date

Daytime Phone #

CR2E037 (1/98)