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NONPROFIT CORPORATION ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 702153 (8)

1. Corporation Name
**EDGEWATER VOLUNTEER FIRE/RESCUE ASSOCIATION, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 1605 SOUTH RIDGEWOOD AVENUE<br>P.O. BOX 1027<br>EDGEWATER FL 32132<br>US | P.O. BOX 1027<br>P.O. BOX 1027<br>EDGEWATER FL 32132<br>US |

3. Date Incorporated or Qualified: 03/16/1961
3a. Date of Last Report: 07/03/1995

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 59-1918051 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

BARLOW, GEORGE
1792 PERSIMMON CIRCLE
EDGEWATER FL 32132

**10. Name and Address of New Registered Agent**

81 Name: Stephen Cousins
82 Street Address (P.O. Box Number is Not Acceptable): 2430 Mango Tree DR.
83
84 City: Edgewater FL 85 Zip Code: 32141

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] 8-22-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BARLOW, GEORGE<br>1792 PERSIMMON CIRCLE<br>EDGEWATER FL | ☒ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | PD<br>Stephen Cousins<br>2430 Mango Tree Drive<br>Edgewater, Fl., 32141 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>COUSINS, STEVE<br>2430 MANGO TREE DRIVE<br>EDGEWATER FL | ☒ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | VD<br>Daly, Joseph<br>143 S. Cory Dr.<br>Edgewater, Fl., 32141 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BARLOW, SUE<br>1792 PERSIMMON CIRCLE<br>EDGEWATER FL | ☒ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | SD<br>Lewis, Sherlie<br>3030 mango Tree DR.<br>Edgewater, Fl, 32141 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DALY, JOSEPH<br>143 S CORY DR<br>EDGEWATER FL | ☒ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | D George Barlow<br>1792 Persimmon Circle<br>Edgewater, Fl., 32141 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ERDMAN, JAMES<br>2728 BANYON TREE DR<br>EDGEWATER FL | ☒ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | D Margaret Cousins<br>2430 Mango Tree Dr.<br>Edgewater, Fl., 32141 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HAYWARD, TAMMY<br>1307 36TH ST<br>EDGEWATER FL | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | D Robert Cousins<br>2430 mango Tree Dr<br>Edgewater, Fl; 32141 | ☐ Change ☒ Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** Stephen Cousins 03-04-96 (904) 427-7197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)