

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702153 (8)
1. Corporation Name
EDGEWATER VOLUNTEER FIRE/RESCUE ASSOCIATION, INC

Principal Place of Business 605 SOUTH RIDGEWOOD AVENUE EDGEWATER FL 32132	Mailing Address P.O. BOX 1027 EDGEWATER FL 32132-1027
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/16/1961	3a. Date of Last Report 08/26/1996
4. FEI Number 59-1918051		5. Certificate of Status Desired <input checked="" 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 **2-3-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD COUSINS, STEPHEN <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2430 MANGO TREE DRIVE	1.2 NAME	
STREET ADDRESS	EDGEWATER FL 32141	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD DALY, JOSEPH <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	143 S. CORY DRIVE	2.2 NAME	Lariscy, Jeff
STREET ADDRESS	EDGEWATER FL 32141	2.3 STREET ADDRESS	525 Hidden Pines Blvd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	New Smyrna Bch., FL 32168
TITLE	SD LEWIS, SHELIE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3020 MANGO TREE DRIVE	3.2 NAME	
STREET ADDRESS	EDGEWATER FL 32141	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BARLOW, GEORGE <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1792 PERSIMMON CIRCLE	4.2 NAME	Cousins, Robert
STREET ADDRESS	EDGEWATER FL 32141	4.3 STREET ADDRESS	2430 mango tree dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Edgewater, FL, 32141
TITLE	D COUSINS, MARGARET <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2430 MANGO TREE DRIVE	5.2 NAME	
STREET ADDRESS	EDGEWATER FL 32141	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD HAYWARD, TAMMY <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1307 38TH ST	6.2 NAME	
STREET ADDRESS	EDGEWATER FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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]* DATE **2-3-97**

CR2E037 (9/96)