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**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90158 032 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 702153**

1. Corporation Name

**EDGEWATER VOLUNTEER FIRE/RESCUE ASSOCIATION, INC**

Principal Place of Business

1605 SOUTH RIDGEWOOD AVENUE  
EDGEWATER FL 32132

Mailing Address

P.O. BOX 1027  
EDGEWATER FL 32132



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

03/16/1961

4. FEI Number

59-1918051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

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

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

*George Barlow*  
Signature typed or printed name of registered agent and title if applicable.

**GEORGE BARLOW**

(NOTE: Registered Agent signature required when reinstating)

**3-10-99**

DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE **PD**  
NAME **SHEARER, CARMEL**  
STREET ADDRESS **3020 MANGO TREE DR**  
CITY-ST-ZIP **EDGEWATER FL 32141**

☐ DELETE

TITLE **VD**  
NAME **HAYES, MICHAEL**  
STREET ADDRESS **3418 VICTORY PALM DR**  
CITY-ST-ZIP **EDGEWATER FL 32141**

☐ DELETE

TITLE **SD**  
NAME **LEWIS, SHELLIE**  
STREET ADDRESS **3020 MANGO TREE DRIVE**  
CITY-ST-ZIP **EDGEWATER FL 32141**

☐ DELETE

TITLE **D**  
NAME **BARLOW, TRACEY D**  
STREET ADDRESS **2004 QUEEN PALM DR**  
CITY-ST-ZIP **EDGEWATER FL 32141**

☒ DELETE

TITLE **D**  
NAME **MOORE, CHRISTOPHER**  
STREET ADDRESS **111 W TURGOT**  
CITY-ST-ZIP **EDGEWATER FL 32132**

☐ DELETE

TITLE **TD**  
NAME **HAYWARD, TAMMY**  
STREET ADDRESS **1307 36TH ST**  
CITY-ST-ZIP **EDGEWATER FL**

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

**D**  
**Gones, Gerald**  
**2620 Pine Tree Dr.**  
**Edgewater, FL 32141**

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:

*Carmel Shearer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-10-99**

Date

**904-424-2445**

Daytime Phone #

CR2E037 (11/98)