FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 MAR 17 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704269 (0)

1. Corporation Name

ST AUGUSTINE BEACH VOLUNTEER FIREMEN'S ASSOCIATI ON, INC.

Principal Place of Business
370 A1A BEACH Blvd
~~2110 S.R. A1A SOUTH~~
ST. AUGUSTINE BEACH FL 32084

Mailing Address
370 A1A Beach Blvd
~~2110 S.R. A1A SOUTH~~
ST. AUGUSTINE BEACH FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1962
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1860326 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22): 370 A.1.A. BEACH BV.
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26)
Suite, Apt. #, etc. (27): 370 A.1.A. BEACH BV
City & State (28):
Zip (29): Country (30):

9. Name and Address of Current Registered Agent

SWEENEY, PAUL J.
3440 S.R. 3
ST. AUGUSTINE FL 32085

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X Paul J. Sweeney — March 10, 1995
Signature typed or printed name of registered agent and title if applicable (DATE)
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	DAVIS, MARK W.	12 NAME	
STREET ADDRESS	~~9 ELEVENTH ST~~ 2252 Commodores Club Bv.	13 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE BEACH FL 32084-~~6841~~	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DOWLING, ROBERT	22 NAME	
STREET ADDRESS	117 9TH STREET, APT. B	23 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE BEACH FL 32084	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	YEOMAN, BRIAN	32 NAME	
STREET ADDRESS	116 15TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE BEACH FL 32084	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	SILCOTT, DONALD	42 NAME	
STREET ADDRESS	3652 ROSEWOOD AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	VANDIVER, SUZANNE	52 NAME	
STREET ADDRESS	327 SHAMROCK ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	~~GRAY, RICHARD~~	62 NAME	DALLAS SHUMAKER
STREET ADDRESS	~~417 EASY STREET, LOT #4~~	63 STREET ADDRESS	370 A1A Beach Blvd
CITY-ST-ZIP	~~ST. AUGUSTINE BEACH FL 32080~~	64 CITY ST ZIP	ST Aug. Beach FL 32084

AM 3-17

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)(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: Donald L Silcott — Donald L Silcott — 3-8-95 — 904-471-3016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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