

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **704269** (0)  
1. Corporation Name  
**ST AUGUSTINE BEACH VOLUNTEER FIREMEN'S ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**370 A1A BEACH BLVD.** **370 A1A BEACH BLVD.**  
**ST. AUGUSTINE BEACH FL 32084** **ST. AUGUSTINE BEACH FL 32084**

|   |  |                        |  |  |  |  |  |
|---|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business                  |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>07/11/1962</b>                             |  | 3a. Date of Last Report<br><b>03/17/1995</b> |  |
| 21  |  | 26                     |  | 4. FEI Number<br><b>59-1860326</b>   |  | Applied For<br>Not Applicable                |  |
| 22 Suite, Apt. #, etc.                          |  | 27 Suite, Apt. #, etc. |  | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | <b>\$8.75</b> Additional Fee Required        |  |
| 23 City & State                                 |  | 28 City & State        |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees           |  |
| 24 Zip  |  | 25 Country             |  | 29 Zip   |  | 30 Country                                   |  |
| 24  |  | 25                     |  | 29   |  | 30   |  |
| 9. Name and Address of Current Registered Agent |  |                        |  | 10. Name and Address of New Registered Agent                                       |  |  |  |

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

81 Name  
**LESER, PAUL**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**12 SEVENTH ST, APT. A**  
83  
84 City  
**ST. AUGUSTINE BEACH FL** 85 Zip Code  
**32084**

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 Paul Leser **PAUL LESER** **4-30-96**  
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                      | <input type="checkbox"/> DELETE     | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DAVIS, MARK W.</b>               | 1.2 NAME  | <b>YEOMAN, BRIAN</b>   |
| STREET ADDRESS             | <b>2252 COMMODORES CLUB DR.</b>     | 1.3 STREET ADDRESS                                    | <b>116 15TH STREET</b>   |
| CITY-ST-ZIP                | <b>ST AUGUSTINE BEACH FL 32084</b>  | 1.4 CITY-ST-ZIP                                       | <b>ST. AUGUSTINE BEACH, FL 32084</b>   |
| TITLE                      | <input type="checkbox"/> DELETE     | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DOWLING, ROBERT</b>              | 2.2 NAME  | <b>DAVIS, MARK W.</b>  |
| STREET ADDRESS             | <b>117 9TH STREET, APT. B</b>       | 2.3 STREET ADDRESS                                    | <b>4 DOLPHIN BU</b>  |
| CITY-ST-ZIP                | <b>ST. AUGUSTINE BEACH FL 32084</b> | 2.4 CITY-ST-ZIP                                       | <b>ST. AUGUSTINE, FL 32084</b>   |
| TITLE                      | <input type="checkbox"/> DELETE     | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>YEOMAN, BRIAN</b>                | 3.2 NAME  | <b>TUPONE, STEPHEN M.</b>  |
| STREET ADDRESS             | <b>116 15TH STREET</b>              | 3.3 STREET ADDRESS                                    | <b>215 A ST, APT A</b>   |
| CITY-ST-ZIP                | <b>ST. AUGUSTINE BEACH FL 32084</b> | 3.4 CITY-ST-ZIP                                       | <b>ST. AUGUSTINE BEACH, FL 32084</b>   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>SILCOTT, DONALD</b>              | 4.2 NAME  | <b>MCDONNELL, DAVID C.</b>   |
| STREET ADDRESS             | <b>3652 ROSEWOOD AVENUE</b>         | 4.3 STREET ADDRESS                                    | <b>1 OCEAN TRACE RD, APT 101</b>   |
| CITY-ST-ZIP                | <b>ST. AUGUSTINE FL 32084</b>       | 4.4 CITY-ST-ZIP                                       | <b>ST. AUGUSTINE BEACH, FL 32084</b>   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VANDIVER, SUZANNE</b>            | 5.2 NAME  | <b>DOWLING, ROBERT O.</b>  |
| STREET ADDRESS             | <b>327 SHAMROCK ROAD</b>            | 5.3 STREET ADDRESS                                    | <b>210 B ST, APT A</b>   |
| CITY-ST-ZIP                | <b>ST AUGUSTINE FL</b>              | 5.4 CITY-ST-ZIP                                       | <b>ST. AUGUSTINE BEACH, FL 32084</b>   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 6.2 NAME  |  |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       |  |

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: David C. McDonnell, Jr. **DAVID C. MCDONNELL, JR.** **04-30-96** **904-471-3096**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)