

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 28 1997 8:00am
Secretary of State

DOCUMENT # 704269 (0)

1. Corporation Name

ST AUGUSTINE BEACH VOLUNTEER FIREMEN'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

370 A1A BEACH BLVD.
ST. AUGUSTINE BEACH FL 32084

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ST. AUGUSTINE BEACH FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/11/1962

3a. Date of Last Report
05/01/1996

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESER, PAUL
12 SEVENTH ST. APT A
ST. AUGUSTINE FL 32084

81 Name

zac Rowe

82 Street Address (P.O. Box Number is Not Acceptable)

200 16th ST Apt 206 A

83

84 City

St Augustine

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME YEOMAN, BRIAN
STREET ADDRESS 116 15TH STREET
CITY-ST-ZIP ST. AUGUSTINE BEACH FL 32084 ☒ DELETE

TITLE V
NAME DAVIS, MARK W
STREET ADDRESS 9 DOLPHIN BLVD
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ DELETE

TITLE S
NAME TUPONE, STEPHEN M
STREET ADDRESS 215 S ST. APT A
CITY-ST-ZIP ST. AUGUSTINE BEACH FL 32084 ☒ DELETE

TITLE T
NAME SILCOTT, DONALD
STREET ADDRESS 3652 ROSEWOOD AVENUE
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ DELETE

TITLE T
NAME MCDONNELL, DAVID C
STREET ADDRESS 4 OCEAN TRACE RD. APT. 101
CITY-ST-ZIP ST. AUGUSTINE BEACH FL 32084 ☒ DELETE

TITLE D
NAME DOWLING, ROBERT O
STREET ADDRESS 210 B ST. APT A
CITY-ST-ZIP ST. AUGUSTINE BEACH FL 32084 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P DAVIS, MARK ☒ Change ☐ Addition
1.2 NAME 2252 Comadors Club Blvd
1.3 STREET ADDRESS ST AUGUSTINE BEACH, FL 32084
1.4 CITY-ST-ZIP

2.1 TITLE V Hooker, Chris ☒ Change ☐ Addition
2.2 NAME 1383 San Juan Dr
2.3 STREET ADDRESS St. Aug FL 32084
2.4 CITY-ST-ZIP

3.1 TITLE S Shellstrom, Eric ☒ Change ☐ Addition
3.2 NAME 1383 San Juan Dr
3.3 STREET ADDRESS St. Aug FL 32084
3.4 CITY-ST-ZIP

4.1 TITLE T Silcott, Donald ☒ Change ☐ Addition
4.2 NAME 116 15th St
4.3 STREET ADDRESS St Augustine, FL 32084
4.4 CITY-ST-ZIP

5.1 TITLE T Ross, Mark ☒ Change ☐ Addition
5.2 NAME 112 Island Hammock Way
5.3 STREET ADDRESS ST. AUGUSTINE, FL 32084
5.4 CITY-ST-ZIP

6.1 TITLE D Hooker, MATT ☒ Change ☐ Addition
6.2 NAME 1383 San Juan Dr
6.3 STREET ADDRESS St. Aug FL 32084
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 19.07(3)(l), 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]* MINATURE REQUIRED

08-11-97 (900) 704-0908

CP2E037 (4/97)