

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90038 032 ****61.25

DOCUMENT # 704269

1. Corporation Name

ST AUGUSTINE BEACH VOLUNTEER FIREMEN'S ASSOCIATION, INC.

Principal Place of Business

370 A1A BEACH BLVD.
ST. AUGUSTINE BEACH FL 32084

Mailing Address

370 A1A BEACH BLVD.
ST. AUGUSTINE BEACH FL 32084



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/11/1962

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1860326

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELLSTROM, ERIC
370 A1A BEACH BLVD.
ST. AUGUSTINE FL 32084

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME CHARLES, FRANK

STREET ADDRESS 607 11TH ST.

CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ DELETE

NAME YEOMAN, BRIAN

STREET ADDRESS 370 BEACH BLVD.

CITY-ST-ZIP ST. AUGUSTINE BEACH FL 32084

TITLE ☐ DELETE

NAME LEHMAN, DAN

STREET ADDRESS 370 BEACH BLVD.

CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ DELETE

NAME TYPONE, STEVE

STREET ADDRESS 370 BEACH BLVD.

CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ DELETE

NAME ROSS, MARK

STREET ADDRESS 112 ISLAND HAMMOCK WAY

CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ DELETE

NAME MOQUIN, DYLAN

STREET ADDRESS 370 BEACH BLVD.

CITY-ST-ZIP ST. AUGUSTINE FL 32084

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition☒ Change ☐ Addition☐ Change ☐ Addition☒ Change ☐ Addition☒ Change ☐ Addition☒ Change ☐ Addition

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:

SIGNATURE OF REGISTERED AGENT Charles

4-1-99

904-471-3096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR29037 (11/98)