

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 # 707121 (0)  
1. Corporation Name  
OCEANWAY VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

Mailing Address

202 OCEANWAY AVENUE  
JACKSONVILLE FL 32218

202 OCEANWAY AVENUE  
JACKSONVILLE FL 32218

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

24

25

29

30

3. Date Incorporated or Qualified

04/07/1964

3a. Date of Last Report

02/13/1995

4. FEI Number

59-1009502

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, ROBERT A.  
601 RENNE DRIVE NORTH  
JACKSONVILLE FL 32218

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 filer if applicable

(NOTE: Registered Agent signature required when transacting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S  
NAME TAYLOR, TERRI  
STREET ADDRESS 50 BAISDEN RD.  
CITY-ST-ZIP JACKSONVILLE FL

11 TITLE S  
12 NAME Virginia Shaw  
13 STREET ADDRESS 447 Erie Ave  
14 CITY-ST-ZIP Jacksonville FL 32218

TITLE D  
NAME YOUNG, ROBERT A.  
STREET ADDRESS 601 RENNE DR. N.  
CITY-ST-ZIP JACKSONVILLE FL

21 TITLE D  
22 NAME Howard Collins  
23 STREET ADDRESS 232 Sara Dr.  
24 CITY-ST-ZIP Jacksonville FL 32218

TITLE D  
NAME YARBOUROUGH, GENE  
STREET ADDRESS 11219 INEZ RD  
CITY-ST-ZIP JACKSONVILLE, FL 00000

31 TITLE P  
32 NAME Raymond Smith  
33 STREET ADDRESS 231 Russell Ave.  
34 CITY-ST-ZIP Jacksonville FL 32218

TITLE T  
NAME YOUNG, R  
STREET ADDRESS 601 RENNE DR  
CITY-ST-ZIP JACKSONVILLE, FL 00000 32218

41 TITLE T/D  
42 NAME Robert A Young  
43 STREET ADDRESS 601 Renne Dr North  
44 CITY-ST-ZIP Jacksonville FL 32218

TITLE D  
NAME HUTCHERSON, JAMES  
STREET ADDRESS 14091 BRADHAM RD  
CITY-ST-ZIP JACKSONVILLE FL

51 TITLE D  
52 NAME Lawrence Love  
53 STREET ADDRESS 1728 Rheta Rd  
54 CITY-ST-ZIP Jacksonville FL 32218

TITLE VP  
NAME STEVEN, SHAW  
STREET ADDRESS 447 ERIC AVE.  
CITY-ST-ZIP JACKSONVILLE, FL 00000 32218

61 TITLE VP  
62 NAME Steven Shaw  
63 STREET ADDRESS 447 Erie Ave  
64 CITY-ST-ZIP Jacksonville FL 32218

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Young

2/12/96

Date

904-731-0580

Daytime Phone #

CR2E037 (12/95)