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Mar 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32218202 OCEANWAY AVENUE
JACKSONVILLE FL 32218-26183. Date Incorporated or Qualified
04/07/19643a. Date of Last Report
02/15/1996

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

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 Robert A. Young, Treasurer & Director

March 15, 1997

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 S ☒ DELETENAME SHAW, VIRGINIA
STREET ADDRESS 447 ERIE AVE
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE S ☒ Change ☐ Addition1.2 NAME Andrea Smith
1.3 STREET ADDRESS 231 Russell Ave
1.4 CITY-ST-ZIP Jacksonville FL 32218TITLE D ☐ DELETENAME COLLINS, HOWARD
STREET ADDRESS 232 SER DR
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE D VP ☒ Change ☐ Addition2.2 NAME Howard Collins
2.3 STREET ADDRESS 232 Sera Dr
2.4 CITY-ST-ZIP Jacksonville FL 32218TITLE P ☒ DELETENAME SMITH, RAYMOND
STREET ADDRESS 231 RUSSELL AVE
CITY-ST-ZIP JACKSONVILLE, FL 000003.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☐ DELETENAME YOUNG, ROBERT A.
STREET ADDRESS 601 RENNE DR N
CITY-ST-ZIP JACKSONVILLE, FL 000004.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETENAME LOVE, LAWRENCE
STREET ADDRESS 1721 RHETZ RD
CITY-ST-ZIP JACKSONVILLE FL5.1 TITLE D ☒ Change ☐ Addition5.2 NAME Lawrence Lov
5.3 STREET ADDRESS 1721 Rheta Rd
5.4 CITY-ST-ZIP Jacksonville FL 32218TITLE VP ☐ DELETENAME STEVEN, SHAW
STREET ADDRESS 447 ERIC AVE.
CITY-ST-ZIP JACKSONVILLE, FL 000006.1 TITLE D P ☒ Change ☐ Addition6.2 NAME Steven Shaw
6.3 STREET ADDRESS 447 Eric Ave
6.4 CITY-ST-ZIP Jacksonville FL 32218

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Young 03/15/97 904-7574506

Date

Daytime Phone #0005802

CR2E037 (9/96)