

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**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90059 036 \*\*\*\*61.25

000663

**DOCUMENT # 707121**

1. Corporation Name

**OCEANWAY VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

202 OCEANWAY AVENUE  
JACKSONVILLE FL 32218

Mailing Address

202 OCEANWAY AVENUE  
JACKSONVILLE FL 32218



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/07/1964

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1009502

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  
Trust Fund Contribution ☐

**\$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

**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 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** ☒ DELETE

NAME **SMITH, ANDREA**  
STREET ADDRESS **231 RUSSELL AVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **S** ☒ Change ☐ Addition

1.2 NAME **POPE, HEATHER**  
1.3 STREET ADDRESS **1705 JAKE RD**  
1.4 CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE **VPD** ☒ DELETE

NAME **COLLINS, HOWARD**  
STREET ADDRESS **232 SARA DR**  
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE **VPD** ☒ Change ☐ Addition

2.2 NAME **HAWKINS, GEORGE**  
2.3 STREET ADDRESS **2631 SETTLEMENT DR**  
2.4 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **P** ☐ DELETE

NAME **SMITH, RAYMOND**  
STREET ADDRESS **231 RUSSELL AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

3.1 TITLE **PD** ☒ Change ☐ Addition

3.2 NAME **SMITH, RAYMOND**  
3.3 STREET ADDRESS **231 RUSSELL AVE**  
3.4 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **TD** ☐ DELETE

NAME **YOUNG, ROBERT A.**  
STREET ADDRESS **601 RENNE DR N**  
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE

NAME **LOVE, LAWRENCE**  
STREET ADDRESS **1721 RHETZ RD**  
CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME **EVANS, RANDY**  
5.3 STREET ADDRESS **11924 AARON RD**  
5.4 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D** ☐ DELETE

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

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 REQUIRED** **ROBERT A. YOUNG** **1/10/99** **(904) 390-1199**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)