FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718217 (3)

1. Corporation Name
COLEE COVE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
10500-2 COUNTY ROAD 13 N ST. AUGUSTINE FL 32092 US	10500-W COUNTY ROAD 13 N ST. AUGUSTINE FL 32092 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2346676 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 9105 CR 13 N	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ST. Aug FL	City & State 28
Zip / Country 24 32092 25 USA	Zip / Country 29 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
BARRETT, PATRICIA F. 10500-W COUNTY ROAD 13 N ST. AUGUSTINE FL 32092	61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	LANIER, DAVID L.	1.2 NAME	Donald Bean	
STREET ADDRESS	7401 STATE ROAD 13 NORTH	1.3 STREET ADDRESS	5200 ST RD 13 Lot 63	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	ST. Aug FL 32092	
TITLE	P	2.1 TITLE	SAME	☐ Change ☐ Addition
NAME	VALENTINE, JOHN	2.2 NAME		
STREET ADDRESS	8144 WENDOVER ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	SAME	☐ Change ☐ Addition
NAME	NESMITH, DIANA	3.2 NAME		
STREET ADDRESS	9217 TOUZRT AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	SAME	☐ Change ☐ Addition
NAME	BARRETT, PATRICIA F.	4.2 NAME		
STREET ADDRESS	10500-W COUNTY RAOD 13 NORTH	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	VALENTINE, BERRY	5.2 NAME	Tommy Bean	
STREET ADDRESS	8144 WENDOVER ROAD	5.3 STREET ADDRESS	5300 ST RD 13 Lot 58	
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	ST. Aug FL 32092	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	LESTER, BETTY	6.2 NAME	Beaty Rousseau	
STREET ADDRESS	8301 COLEE COVE ROAD	6.3 STREET ADDRESS	3720 Joe Ashton Rd	
CITY-ST-ZIP	ST. AUGUSTINE FL	6.4 CITY-ST-ZIP	ST Aug FL 32092	

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)(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: Patricia F Barrett 4/25/95 904-825-0983
SIGNATURE AND TYPED OR PRINTED NAME OF MICHIGAN OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIA F. BARRETT

002947