

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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***\$61.25



DOCUMENT # **718217** (3)
1. Corporation Name
COLEE COVE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business Mailing Address
9105 C.R. 13 N.
ST. AUG. FL 32092
US
10500-W COUNTY ROAD 13 N
ST. AUGUSTINE FL 32092
US

3. Date Incorporated or Qualified **03/18/1970** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2346676** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

BARRETT, PATRICIA F.
10500-W COUNTY ROAD 13 N
ST. AUGUSTINE FL 32092

10. Name and Address of New Registered Agent

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BEAN, DONALD	
STREET ADDRESS	5300 STATE RD. 13, LOT 63	
CITY-ST-ZIP	ST. AUG. FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VALENTINE, JOHN	
STREET ADDRESS	8144 WENDOVER ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NESMITH, DIANA	
STREET ADDRESS	9217 TOUZRT AVENUE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARRETT, PATRICIA F.	
STREET ADDRESS	10500-W COUNTY ROAD 13 NORTH	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEAN, TOMMY	
STREET ADDRESS	5300 ST. RD. 13, LOT 58	
CITY-ST-ZIP	ST. AUG. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSSEAU, BEATY	
STREET ADDRESS	3720 JOE ASHTON RD.	
CITY-ST-ZIP	ST. AUG. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BEA ROSSEAU, BEATY	
1.3 STREET ADDRESS	3720 JOE ASHTON RD	
1.4 CITY-ST-ZIP	ST. AUG FL 32092	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BATEMAN, PAUL	
2.3 STREET ADDRESS	10572 CR 13 N	
2.4 CITY-ST-ZIP	ST. AUG FL 32092	
3.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BEATY LESTER	
6.3 STREET ADDRESS	8301 Colee Cove Rd	
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)(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: **Patricia F. Barrett** PATRICIA F. BARRETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96
Date

904-825-0983
Daytime Phone #

CR2E037 (12/95)