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FILED  
May 13 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 718217 (3)  
1. Corporation Name

COLEE COVE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address  
9105 C.R. 13 N. 5650 CR 210 W  
ST. AUG. FL 32092 JACKSONVILLE FL 32259  
US US

3. Date Incorporated or Qualified

03/18/1970

4. FEI Number

59-2346676

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAMBERS, JEAN M  
5650 CR 210 W  
JACKSONVILLE FL 32259

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 D ☐ DELETE  
NAME BATEMAN, PAUL  
STREET ADDRESS 10572 CR 13 N  
CITY-ST-ZIP ST. AUG. FL 32092

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Phyllis Wade  
1.3 STREET ADDRESS 6461 Jack Wright Island Rd  
1.4 CITY-ST-ZIP St. Augustine, FL 32092

TITLE D ☒ DELETE  
NAME WOLFE, CAROL  
STREET ADDRESS 6277 CR 16A  
CITY-ST-ZIP ST. AUGUSTINE FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME NESMITH, DIANA  
STREET ADDRESS 9217 TOUZRT AVENUE  
CITY-ST-ZIP ST. AUGUSTINE FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME CHAMBERS, JEAN M  
STREET ADDRESS 5650 CR 210W  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE CD ☐ DELETE  
NAME HAYNES, BRAD  
STREET ADDRESS 6349 JACK WRIGHT ISLAND RD  
CITY-ST-ZIP ST AUGUSTINE FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE

4/29/98

904/  
284-5165

CR2107 (1097)