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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 12:05

DOCUMENT # 718861 (8)

1. Corporation Name
CRESCENT BEACH VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
5865 A1A SOUTH ST AUGUSTINE FL 32086 US	5865 A1A SOUTH ST AUGUSTINE FL 32086 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1970
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1909316 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ORSINI, RICHARD G.
105 15TH ST
ST AUGUSTINE FL 32084

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 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	TD	1.1 TITLE	VD	☐ Change ☑ Addition
NAME	HACHMEISTER, ETHELYN	1.2 NAME	ROBERT J. LITTLE	
STREET ADDRESS	287 DE SOTA ROAD	1.3 STREET ADDRESS	4650 AM SOUTH	
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	1.4 CITY-ST-ZIP	ST. AUGUSTINE FL. 32064	
TITLE	~~VD~~ PD	2.1 TITLE	SD	☐ Change ☑ Addition
NAME	DAVID HOPKINS	2.2 NAME	WENDY LESSER	
STREET ADDRESS	208 TRADEWINDS LANE	2.3 STREET ADDRESS	5865 A1A SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	ST. AUGUSTINE.	
TITLE	D	3.1 TITLE	D	☐ Change ☑ Addition
NAME	IRMA SCHOLTEN	3.2 NAME	James A. Fountain	
STREET ADDRESS	6336 SALADO ROAD	3.3 STREET ADDRESS	6817 SCAGOVE AVE. WEST	
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	ST. AUGUSTINE	
TITLE	~~PD~~ D	4.1 TITLE		☐ Change ☐ Addition
NAME	LEETH, JACK D, JR	4.2 NAME		
STREET ADDRESS	7560 A1A SOUTH	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	4.4 CITY-ST-ZIP		
TITLE	~~D~~	5.1 TITLE		☐ Change ☐ Addition
NAME	ORSINI, RICHARD	5.2 NAME		
STREET ADDRESS	105 15TH ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	5.4 CITY-ST-ZIP		
TITLE	~~SD~~	6.1 TITLE		☐ Change ☐ Addition
NAME	MUTTER, MARGARET S	6.2 NAME		
STREET ADDRESS	113 EGRET ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	6.4 CITY-ST-ZIP		

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: David G Hopkins David G Hopkins 1/18/95 904-471-3223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000320