

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

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ST AUGUSTINE FL 32086
US**

3. Date Incorporated or Qualified
07/15/1970

3a. Date of Last Report
02/13/1995

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

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**

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

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

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 ☐ DELETE
NAME **TD**
STREET ADDRESS **HACHMEISTER, ETHELYN**
CITY-ST-ZIP **287 DE SOTA ROAD**
ST AUGUSTINE, FL 00000

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **VP**
1.3 STREET ADDRESS **ORSINI, RICHARD G.**
1.4 CITY-ST-ZIP **209 11TH ST.**
ST AUGUSTINE, FL 32084

TITLE ☐ DELETE
NAME **DAVID HOPKINS**
STREET ADDRESS **208 TRADEWINDS LANE**
CITY-ST-ZIP **ST. AUGUSTINE FL**

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **IRMA SCHOLTEN**
CITY-ST-ZIP **6336 SALADO ROAD**
ST. AUGUSTINE FL

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LEETH, JACK D, JR**
CITY-ST-ZIP **7560 A1A SOUTH**
ST AUGUSTINE, FL 00000

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

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **LITTLE, ROBERT J.**
CITY-ST-ZIP **4850 A1A SOUTH**
ST AUGUSTINE, FL 00000

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

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **LESSER, WENDY**
CITY-ST-ZIP **5865 A1A SOUTH**
ST. AUGUSTINE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 in an attachment with an address.

SIGNATURE:

Robert J. Little President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/96
Date

904 471-0514
Daytime Phone #

CR2E037 (12/95)