


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 5865 A1A SOUTH ST AUGUSTINE FL 32086 US		Mailing Address 5865 A1A SOUTH ST AUGUSTINE FL 32084-7015 US	
2. Principal Place of Business 21 SAME		2a. Mailing Address 26 SAME	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 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 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 _____ (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS			
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	HACHMEISTER, ETHELYN		
STREET ADDRESS	287 DE SOTA ROAD		
CITY-ST-ZIP	ST AUGUSTINE, FL 00000		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	DAVID HOPKINS		
STREET ADDRESS	208 TRADEWINDS LANE		
CITY-ST-ZIP	ST. AUGUSTINE FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	IRMA SCHOLTEN		
STREET ADDRESS	6336 SALADO ROAD		
CITY-ST-ZIP	ST. AUGUSTINE FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	LEETH, JACK D, JR		
STREET ADDRESS	7560 A1A SOUTH		
CITY-ST-ZIP	ST AUGUSTINE, FL 00000		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	LITTLE, ROBERT J.		
STREET ADDRESS	4850 A1A SOUTH		
CITY-ST-ZIP	ST AUGUSTINE, FL 00000		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	
NAME	LESSER, WENDY		
STREET ADDRESS	5865 A1A SOUTH		
CITY-ST-ZIP	ST. AUGUSTINE FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	ND ANDY RICH		
2.3 STREET ADDRESS	8635 A1A South.		
2.4 CITY-ST-ZIP	ST AUGUSTINE FL.		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME	D MIKE LANG		
4.3 STREET ADDRESS	6781 MAGNOLIA LN.		
4.4 CITY-ST-ZIP	ST AUGUSTINE, FLA		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME	D KEVIN TRAYNOR		
6.3 STREET ADDRESS	40 CINCINNATI AV.		
6.4 CITY-ST-ZIP	SP. AUGUSTINE, FLA.		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (9/96)

4/10/97 (904) 471-0116
Date Daytime Phone # 0001336