


FILE NOW: FILING FEE IS \$61.25

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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32086 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/15/1970	Applied For Not Applicable
4. FEI Number 59-1909316	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	TD	<input type="checkbox"/> DELETE
NAME	HACHMEISTER, ETHELYN	
STREET ADDRESS	287 DE SOTA ROAD	
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICH, ANDY	
STREET ADDRESS	8635 A1A SOUTH	
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 type="checkbox"/> DELETE
NAME	LANG, MIKE	
STREET ADDRESS	6781 MAGNOLIA AVE	
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 type="checkbox"/> DELETE
NAME	TRAYNOR, KEVIN	
STREET ADDRESS	40 CINCINNATI AVE.	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	
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: *Richard Orsini* **REQUIRED**

Richard Orsini Agent

471-0116

CR2E037 (10/97)