

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90049 003 ****61.25

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DOCUMENT # 718861

1. Corporation Name

CRESCENT BEACH VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

5865 A1A SOUTH
ST AUGUSTINE FL 32084
US

Mailing Address

5865 A1A SOUTH
ST AUGUSTINE FL 32084
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/15/1970

4. FEI Number

59-1909316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current 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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
RICH, ANDY
STREET ADDRESS
8635 A1A SOUTH
CITY-ST-ZIP
ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME
IRMA SCHOLTEN
STREET ADDRESS
6336 SALADO ROAD
CITY-ST-ZIP
ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME
LANG, MIKE
STREET ADDRESS
6781 MAGNOLIA AVE
CITY-ST-ZIP
ST AUGUSTINE, FL 00000

TITLE ☒ DELETE

NAME
LITTLE, ROBERT J.
STREET ADDRESS
4850 A1A SOUTH
CITY-ST-ZIP
ST AUGUSTINE, FL 00000

TITLE ☐ 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 ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
James A. Fountain
6896 Sea Place Avenue
St. Augustine, Fl. 32084

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Ethelyn Hachmeister 3/1/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/96)