

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:24

DOCUMENT # 730488 (4)

1. Corporation Name
FLORIDA MEMORIAL COLLEGE FIRE STATION #14, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1225 WEST KING STREET ST AUGUSTINE FL 32095 US
JOHN D. WILLIAMS 800 S. ORANGE ST. ST. AUGUSTINE FL 32095 US

3. Date Incorporated or Qualified **08/20/1974** 3a. Date of Last Report **11/03/1994**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

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

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

9. Name and Address of Current Registered Agent
**WILLIAMS, JOHN
800 S. ORANGE STREET
ST. AUGUSTINE FL 32095**

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 consulting)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	RACKARD, GEORGE R
STREET ADDRESS	937 W. KING STREET
CITY - ST - ZIP	ST. AUGUSTINE FL FL 32095
TITLE	V
NAME	ANDERSON, LAMONTAE
STREET ADDRESS	720 PEARL STREET
CITY - ST - ZIP	ST. AUGUSTINE FL 32095
TITLE	S
NAME	WILLIAMS, JOHN D.
STREET ADDRESS	800 S. ORANGE STREET
CITY - ST - ZIP	ST. AUGUSTINE FL 32095
TITLE	P
NAME	WOODS, FRANK
STREET ADDRESS	63 OSCEOLA ST.
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	WISE, LULA
STREET ADDRESS	820 W. THIRD ST.
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	BACKMAN, INA
STREET ADDRESS	833 W. 3RD ST.
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 017, Florida Statutes; and that my name appears in Block 12, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John D. Williams **JOHN D. WILLIAMS** 4-9-95 (904) 829 6318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time