

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **730488** (4)
1. Corporation Name
FLORIDA MEMORIAL COLLEGE FIRE STATION #14, INC.



Principal Place of Business 1225 WEST KING STREET ST AUGUSTINE FL 33095 US		Mailing Address 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 05/01/1995	

2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACKARD, GEORGE R	1.2 NAME	
STREET ADDRESS	937 W. KING STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL FL 32095	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, LAMONTAE	2.2 NAME	
STREET ADDRESS	720 PEARL STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL 32095	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOHN D.	3.2 NAME	
STREET ADDRESS	800 S. ORANGE STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL 32095	3.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, FRANK	4.2 NAME	
STREET ADDRESS	63 OSCEOLA ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, LULA	5.2 NAME	
STREET ADDRESS	820 W. THIRD ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKMAN, INA	6.2 NAME	
STREET ADDRESS	833 W. 3RD ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL	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 on an attachment with an address.

SIGNATURE: *John D. Williams* **JOHN D. WILLIAMS** 4-12-96 (904) 8296318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)