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Apr 13 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 # 730488 (4)
1. Corporation Name
FLORIDA MEMORIAL COLLEGE FIRE STATION #14, INC.



Principal Place of Business 1225 WEST KING STREET ST AUGUSTINE FL 32095 US	Mailing Address JOHN D. WILLIAMS 800 S. ORANGE ST. ST. AUGUSTINE FL 32095 US
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3. Date Incorporated or Qualified 08/20/1974	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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 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	

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

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 ANDERSON LAMONTAE	
82 Street Address (P.O. Box Number is Not Acceptable) 800 PEARL ST.	
83	
84 City ST. AUGUSTINE	85 Zip Code FL 32095

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 *Lamontae Anderson* **V LAMONTAE ANDERSON** **03-29-98**
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	D	<input type="checkbox"/> DELETE
NAME	RACKARD, GEORGE R	
STREET ADDRESS	937 W. KING STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL FL 32095	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ANDERSON, LAMONTAE	
STREET ADDRESS	720 PEARL STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOHN D.	
STREET ADDRESS	800 S. ORANGE STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WOODS, FRANK	
STREET ADDRESS	63 OSCEOLA ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WISE, LULA	
STREET ADDRESS	820 W. THIRD ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
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 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 *Lamontae Anderson* **LAMONTAE ANDERSON** **03-29-98** **(904) 929-6632**

CF2E037 (10/97)