


FILE NOW: FILING FEE IS \$61.25

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Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1225 WEST KING STREET ST AUGUSTINE FL 33095 US</b>	Mailing Address <b>JOHN D. WILLIAMS 800 S. ORANGE ST. ST. AUGUSTINE FL 32095 US</b>
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3. Date Incorporated or Qualified <b>08/20/1974</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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

9. Name and Address of Current Registered Agent <b>WILLIAMS, JOHN 800 S. ORANGE STREET ST. AUGUSTINE FL 32095</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>ANDERSON LAMONTAE</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 PEARL ST.</b> <b>83</b> <b>84</b> City <b>ST. AUGUSTINE</b> <b>FL</b> <b>85</b> Zip Code <b>32095</b>
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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 <i>Lamontae Anderson</i> <b>V LAMONTAE ANDERSON</b> <b>03-29-98</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
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12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D RACKARD, GEORGE R</b>
STREET ADDRESS	<b>937 W. KING STREET</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL FL 32095</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V ANDERSON, LAMONTAE</b>
STREET ADDRESS	<b>720 PEARL STREET</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S WILLIAMS, JOHN D.</b>
STREET ADDRESS	<b>800 S. ORANGE STREET</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P WOODS, FRANK</b>
STREET ADDRESS	<b>63 OSCEOLA ST.</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D WISE, LULA</b>
STREET ADDRESS	<b>820 W. THIRD ST.</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BACKMAN, INA</b>
STREET ADDRESS	<b>833 W. 3RD ST.</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>

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.
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SIGNATURE <i>Lamontae Anderson</i> <b>LAMONTAE ANDERSON</b> <b>03-29-98</b> <b>(904) 829-4632</b>
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CP2E037 (10/97)