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**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90092 033 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 730488**

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
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2. Principal Place of Business 21	2a. Mailing Address 26 <b>LAMONTAE ANDERSON</b>	3. Date Incorporated or Qualified <b>08/20/1974</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>800 PEARL ST</b>	4. FEI Number <b>NOT APPLICABLE</b>
City & State 23	City & State 28 <b>ST. AUGUSTINE FL.</b>	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
29 <b>32095</b>	30 <b>US</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**ANDERSON, LAMONTE**  
**800 PEARL STREET**  
**ST. AUGUSTINE FL 32095**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RACKARD, GEORGE R</b>
STREET ADDRESS	<b>937 W. KING STREET</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL FL 32095</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>ANDERSON, LAMONTAE</b>
STREET ADDRESS	<b>720 PEARL STREET</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, JOHN D.</b>
STREET ADDRESS	<b>800 S. ORANGE STREET</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>WOODS, FRANK</b>
STREET ADDRESS	<b>63 OSCEOLA ST.</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WISE, LULA</b>
STREET ADDRESS	<b>820 W. THIRD ST.</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>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, with all other like empowered.

SIGNATURE: *Lamontae Anderson* SIGNATURE REQUIRED **ANDERSON** 3-30-99 (904)826-4430  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037-(1/198)