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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

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

DOCUMENT # 730488

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 LAMONTAE ANDERSON

Suite, Apt. #, etc.

27 800 PEARL ST

City & State

28 ST. AUGUSTINE FL.

Zip

Country

29 32095

30 US

3. Date Incorporated or Qualified

08/20/1974

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

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

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 ☐ DELETE

NAME RACKARD, GEORGE R  
STREET ADDRESS 937 W. KING STREET  
CITY-ST-ZIP ST. AUGUSTINE FL FL 32095

TITLE V ☐ DELETE

NAME ANDERSON, LAMONTAE  
STREET ADDRESS 720 PEARL STREET  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE S ☐ DELETE

NAME WILLIAMS, JOHN D.  
STREET ADDRESS 800 S. ORANGE STREET  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE P ☐ DELETE

NAME WOODS, FRANK  
STREET ADDRESS 63 OSCEOLA ST.  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D ☐ DELETE

NAME WISE, LULA  
STREET ADDRESS 820 W. THIRD ST.  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 #

CR2E037-11/98

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