


FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>2000</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>730488</b>		
1. Corporation Name <b>FLORIDA MEMORIAL COLLEGE FIRE STATION #14, INC.</b>		
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	

*[Handwritten Signature]*



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 <b>Lula Wise</b>	<b>08/20/1974</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27 <b>820 W. 3rd Street</b>	<b>NOT APPLICABLE</b>
City & State	City & State	5. Certificate of Status Desired
23	28 <b>St Augustine Florida</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing
24	29 <b>32095</b>	<input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	
25	30 <b>USA</b>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
ANDERSON, LAMONTE 800 PEARL STREET ST. AUGUSTINE FL 32095		81 Name <b>Lula Wise</b>
		82 Street Address (P.O. Box Number is Not Acceptable) <b>820 W. 3rd Street</b>
		83
		84 City <b>St Augustine FL</b>
		85 Zip Code <b>32095</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 *Lula M. Wise* **Lula M. Wise** **05/01/00**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D RACKARD, GEORGE R</b>	1.2 NAME	
STREET ADDRESS	<b>937 W. KING STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL FL 32095</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V ANDERSON, LAMONTAE</b>	2.2 NAME	<b>McDougle, Cherry</b>
STREET ADDRESS	<b>720 PEARL STREET</b>	2.3 STREET ADDRESS	<b>8 1/2 Ford Street</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>	2.4 CITY-ST-ZIP	<b>St Augustine, FL 32095</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S WILLIAMS, JOHN D.</b>	3.2 NAME	<b>8000003286418</b>
STREET ADDRESS	<b>800 S. ORANGE STREET</b>	3.3 STREET ADDRESS	<b>-06/13/00--01025--001</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>	3.4 CITY-ST-ZIP	<b>*****61.25*****61.25</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P WOODS, FRANK</b>	4.2 NAME	
STREET ADDRESS	<b>63 OSCEOLA ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D WISE, LULA</b>	5.2 NAME	<b>V</b>
STREET ADDRESS	<b>820 W. THIRD ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BACKMAN, INA</b>	6.2 NAME	
STREET ADDRESS	<b>833 W. 3RD ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	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)(l), 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: *Ina P. Beckman* **Ina P. Beckman** **05/01/00** **(904) 825-5042**

Signature and typed or printed name of signing officer or director. Date. Daytime Phone #

CR2E037-(1/1/98)