

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED
 95 FEB 21 PM 1:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 731443 (8)
 1. Corporation Name
NASSAUVILLE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business Mailing Address
 1426 NASSAUVILLE RD. 1426 NASSAUVILLE RD.
 FERNANDINA BEACH-FLORIDA 32034 FERNANDINA BEACH-FLORIDA 32034
 US US

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 12/23/1974 3a. Date of Last Report 07/15/1994
 4. FEI Number 59-1603186 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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
**TOWNS (EDWIN)
 RT 7 BOX 1232
 FERNANDINA BEACH FL 32034**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKETT, J. T.	1.2 NAME	
STREET ADDRESS	RT 1, BOX 121-R	1.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNS, VIRGINIA	2.2 NAME	600001413246
STREET ADDRESS	1342 NASSAUVILLE RD.	2.3 STREET ADDRESS	-02/23/95--01025--020
CITY-ST-ZIP	FERNANDINA BEACH FL	2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, RALPH	3.2 NAME	
STREET ADDRESS	RT 1 BOX 150-E	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, FRANCES	4.2 NAME	
STREET ADDRESS	RT 1 BOX 150-E	4.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

555
 2/21/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 its receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Virginia L. Towns, Treasurer 2/15/95 261-4778
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virginia L. Towns