

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21 1996 8:00 am
Secretary of State

DOCUMENT # 731443 (8)

1. Corporation Name
NASSAUVILLE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business 1426 NASSAUVILLE RD. FERNANDINA BEACH FLORIDA 32034 US	Mailing Address 1426 NASSAUVILLE RD. FERNANDINA BEACH FLORIDA 32034 US
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3. Date Incorporated or Qualified 12/23/1974	3a. Date of Last Report 02/21/1995
4. FEI Number 59-1603186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	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	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable) 1342 NASSAUVILLE Rd.
	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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD PICKETT, J. T.	12 NAME	
STREET ADDRESS	RT 1, BOX 121-R	13 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH, FL 00000	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD TOWNS, VIRGINIA	22 NAME	
STREET ADDRESS	1342 NASSAUVILLE RD.	23 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	24 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD WATSON, RALPH	32 NAME	VD WATSON, Ralph
STREET ADDRESS	RT 1 BOX 150-E	33 STREET ADDRESS	Rt. 1, Box 150-E
CITY-ST-ZIP	FERNANDINA BCH FL	34 CITY-ST-ZIP	FERNANDINA Bch FL
TITLE	<input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD WATSON, FRANCES	42 NAME	SD Moughton, Bob
STREET ADDRESS	RT 1 BOX 150-E	43 STREET ADDRESS	1573 N. Blackrock Rd
CITY-ST-ZIP	FERNANDINA BCH FL	44 CITY-ST-ZIP	Yuloe, FL 32097
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 119.07(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 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.

SIGNATURE: Virginia L. Towns, Treasurer **2/14/96** **261-4778**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)