


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 17 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 731443 (8)**

1. Corporation Name  
**NASSAUVILLE VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business <b>1426 NASSAUVILLE RD.                  FERNANDINA BEACH-FLORIDA 32034                  US</b>	Mailing Address <b>1426 NASSAUVILLE RD.                  FERNANDINA BEACH-FLORIDA 32034-7151                  US</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address	<b>3</b> Date Incorporated or Qualified <b>12/23/1974</b>	<b>3a.</b> Date of Last Report <b>02/21/1996</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>4.</b> FEI Number <b>59-1603186</b>	Applied For Not Applicable
<b>22</b> City & State	<b>27</b> City & State	<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>23</b> Zip	<b>28</b> Zip	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>24</b> Country	<b>29</b> Country	<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
<b>TOWNS (EDWIN)</b> <b>1342 NASSAUVILLE RD</b> <b>FERNANDINA BEACH FL 32034</b>	<b>81</b> Name
	<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
	<b>83</b>
	<b>84</b> City
	<b>FL</b> <b>85</b> 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	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PICKETT, J. T.</b>	1.2 NAME	
STREET ADDRESS	<b>RT 1, BOX 121-R</b>	1.3 STREET ADDRESS	<b>3214 CREWS Rd. N.</b>
CITY-ST-ZIP	<b>FERNANDINA BCH, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOWNS, VIRGINIA</b>	2.2 NAME	
STREET ADDRESS	<b>1342 NASSAUVILLE RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATSON, RALPH</b>	3.2 NAME	
STREET ADDRESS	<b>RT 1 BOX 150-E</b>	3.3 STREET ADDRESS	<b>1626 GERALD Circle</b>
CITY-ST-ZIP	<b>FERNANDINA BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOUGHTON, BOB</b>	4.2 NAME	
STREET ADDRESS	<b>1573 N BLACKROCK RD</b>	4.3 STREET ADDRESS	<b>TD</b>
CITY-ST-ZIP	<b>YULEE FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>SD</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>HYERS, TERRY</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>1558 KAREN Rd</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	<b>FERNANDINA Bch, FL 32034</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14.** I do 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, changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)