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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1426 NASSAUVILLE RD. FERNANDINA BEACHFLORIDA 32034 US	Mailing Address 1426 NASSAUVILLE RD. FERNANDINA BEACHFLORIDA 32034 US
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3. Date Incorporated or Qualified 12/23/1974		
4. FEI Number 59-1603186	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

9. Name and Address of Current Registered Agent

TOWNS (EDWIN)
 1342 NASSAUVILLE RD
 FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name ROBERT MOUGHTON	
82 Street Address (P.O. Box Number is Not Acceptable) 1573 BLACKROCK RD. NORTH	
83	
84 City Yulee	85 Zip Code FL 32097

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 **ROBERT MOUGHTON** *Robert Moughton* DATE **1/06/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PICKETT, J. T.	
STREET ADDRESS	3214 CREWS ROAD N.	
CITY-ST-ZIP	FERNANDINA BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HYERS, TERRY	
STREET ADDRESS	1558 KAREN RD	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WATSON, RALPH	
STREET ADDRESS	1626 GERALD CIRCLE	
CITY-ST-ZIP	FERNANDINA BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOUGHTON, BOB	
STREET ADDRESS	1573 N BLACKROCK RD	
CITY-ST-ZIP	YULEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *ROBERT MOUGHTON* **ROBERT MOUGHTON** DATE **01/06/98** **9042614818**

CR2E037 (10/97)