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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731443

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified
 12/23/1974

4. FEI Number

59-1603486 59-3547153

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

9. Name and Address of Current Registered Agent

MOUGHTON, ROBERT
 1573 BLACKROCK RD. NORTH
 YULEE FL 32097

10. Name and Address of New Registered Agent

81 Name **ALLAN MILBERGER**
 82 Street Address (P.O. Box Number is Not Acceptable)
280 NASSAU LAKES CIR
 83
 84 City **FERNANDINA BCH FL** 85 Zip Code **32034**

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 *Allan Milberger* **ALLAN MILBERGER** TREASURER 1/3/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	WATSON, RALPH	
STREET ADDRESS	1626 GERALD CIRCLE	
CITY-ST-ZIP	FERNANDINA BCH FL	
TITLE	TD	<input checked="" 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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHARLES LLOYD	
1.3 STREET ADDRESS	3772 DIRT ROAD	
1.4 CITY-ST-ZIP	FERNANDINA BCH FL 32034	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TERRY HIERS	
2.3 STREET ADDRESS	1558 KAREN WALK RD	
2.4 CITY-ST-ZIP	FERNANDINA BCH, FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALLAN MILBERGER	
3.3 STREET ADDRESS	280 NASSAU LAKES CIR	
3.4 CITY-ST-ZIP	FERNANDINA BCH FL	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DONNA MILBERGER	
4.3 STREET ADDRESS	280 NASSAU LAKES CIR	
4.4 CITY-ST-ZIP	FERNANDINA BCH FL	
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, with all other like empowered.

SIGNATURE: *Allan Milberger* **ALLAN MILBERGER** 1/3/99 904-261-2726
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)