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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:22

DOCUMENT # 734309 (8)

1. Corporation Name

ST. AUGUSTINE NORTH VOLUNTEER FIRE DEPARTMENT, I NC.

Principal Place of Business	Mailing Address
4090 LEWIS SPEEDWAY STE A ST. AUGUSTINE FL 32095	4090 LEWIS SPEEDWAY STE A ST. AUGUSTINE FL 32095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1975
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-1694886 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CUMBIE, RHONDA
4540 THIRD AVE.
ST AUGUSTINE FL 32095

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P-D	1.1 TITLE	☐ Change ☐ Addition
NAME	DORSETT, ROY	1.2 NAME	
STREET ADDRESS	231 INDIAN BEND RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	CATLETT, JIM	2.2 NAME	Eddie Rake
STREET ADDRESS	7000 CATLETT RD.	2.3 STREET ADDRESS	1845 Old Moultrie Rd. Unit 13
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	St Augustine Fl. 32086
TITLE	S	3.1 TITLE	S ☒ Change ☐ Addition
NAME	CUMBIE, RHONDA	3.2 NAME	Amy Mackey
STREET ADDRESS	4545 THIRD ST.	3.3 STREET ADDRESS	148 Jackson Blvd.
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	St Augustine, Fl. 32095
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	DORSAETT, ROY	4.2 NAME	
STREET ADDRESS	231 INDIAN BEND RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	MCELROY, FRANK	5.2 NAME	Chance Hines
STREET ADDRESS	740 QUEEN RD	5.3 STREET ADDRESS	2665 Pellicer Rd.
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	St Augustine FL. 32092
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DORSETT, VERLIE	6.2 NAME	
STREET ADDRESS	231 INDIAN BEND RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	6.4 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)(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: Roy J. Dorsett Jr
SIGNATURE AND TYPED OR PRINTED NAME OF NAMED OFFICER OR DIRECTOR
Roy J. Dorsett Jr. P.D.

1-24-95 Date

904-824-4734 Daytime Phone

0023018