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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734309** (8)

1. Corporation Name

**ST. AUGUSTINE NORTH VOLUNTEER FIRE DEPARTMENT, I
NC.**

Principal Place of Business

Mailing Address

**4505 AVENUE A
ST. AUGUSTINE FL 32095**

**4505 AVENUE A
ST. AUGUSTINE FL 32095-5206**

3. Date Incorporated or Qualified
11/13/1975

3a. Date of Last Report
06/25/1996

2. Principal Place of Business
4505 Avenue A

2a. Mailing Address
4505 Avenue A

4. FEI Number
59-1694886

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

23 City & State
St. Augustine, Fl.

27 City & State
St. Augustine, Fl.

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

24 Zip
32095

25 Country
St. Johns

29 Zip
32095

30 Country
St. Johns

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUMBIE, RHONDA
4540 THIRD AVE.
ST AUGUSTINE FL 32095**

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 617.0702 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 provisions of Section 617.0503, Florida Statutes.

SIGNATURE

Rhonda Cumbie

April 16, 1997

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☐ DELETE
NAME **DORSETT, ROY**
STREET ADDRESS **231 INDIAN BEND RD.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

1.1 TITLE **VP** ☐ Change ☒ Addition
1.2 NAME **Helman, David**
1.3 STREET ADDRESS **372 Araquay Ave.**
1.4 CITY-ST-ZIP **St. Augustine, Fl. 32095**

TITLE **VP** ☒ DELETE
NAME **CATLETT, JIM**
STREET ADDRESS **7000 CATLETT RD**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Manges, Steven S.**
2.3 STREET ADDRESS **301 Theodore St.**
2.4 CITY-ST-ZIP **St. Augustine, Fl. 32095**

TITLE **S** ☐ DELETE
NAME **CUMBIE, RHONDA**
STREET ADDRESS **4545 THIRD ST**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Dehate, Bert**
3.3 STREET ADDRESS **2303 N. Ponce DeLeon Blvd.**
3.4 CITY-ST-ZIP **St. Augustine, Fl. 32084**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Stull, Melissa A.**
4.3 STREET ADDRESS **4545 Third St.**
4.4 CITY-ST-ZIP **St. Augustine, Fl. 32095**

TITLE **D** ☐ DELETE
NAME **DORSETT, VERLIE**
STREET ADDRESS **231 INDIAN BEND**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Grabert, Marc**
5.3 STREET ADDRESS **372 Araquay Ave.**
5.4 CITY-ST-ZIP **St. Augustine, Fl. 32095**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Hostetter, James B.**
6.3 STREET ADDRESS **357 Cape Ave.**
6.4 CITY-ST-ZIP **St. Augustine, Fl. 32092**

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 if changed, or in an attachment with an address.

SIGNATURE:

ROY J. DORSETT - PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 1997 004-824-4734
Date Daytime Phone 70031883

CR2E037 (9/96)