

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 759224 (9)**  
1. Corporation Name  
**NORTH SHORES VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business Mailing Address  
**3101 FIRST STREET ST. AUGUSTINE FL 32095**

3. Date Incorporated or Qualified **07/20/1981** 3a. Date of Last Report **02/13/1995**  
4. FEI Number **59-2163786** 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**  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**COLEE, FRANCIS  
1404 W. COSTELLO WAY  
ST AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent  
81 Name **Bill Vose**  
82 Street Address (P.O. Box Number is Not Acceptable) **123 CARCABA RD**  
83  
84 City **ST. AUGUSTINE** FL 85 Zip Code **32085**

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 *William G. Vose* DATE **4-11-96**  
Signature typed or printed name of registered agent and (if it appears) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COLEE, FRANCIS	
STREET ADDRESS	1404 W. COSTELLO WAY	
CITY - ST - ZIP	ST AUGUSTINE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, JOSEPH	
STREET ADDRESS	149 MEADOW AVE.	
CITY - ST - ZIP	ST AUGUSTINE, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COLEE, JOSEPH	
STREET ADDRESS	168 SURFSIDE AVE.	
CITY - ST - ZIP	ST. AUGUSTINE FL	
TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	KAIDEN, LOUIS	
STREET ADDRESS	4125 COASTAL HWY	
CITY - ST - ZIP	ST AUGUSTINE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GRAHAM, KATRINA	
STREET ADDRESS	149 MEADOW AVE.	
CITY - ST - ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VOSE, BILL	
1.3 STREET ADDRESS	123 CARCABA RD	
1.4 CITY - ST - ZIP	ST. AUGUSTINE FL 32085	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COLEE, MANDY	
2.3 STREET ADDRESS	168 SURFSIDE AVE	
2.4 CITY - ST - ZIP	ST. AUGUSTINE FL 32085	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GRAHAM, JOSEPH	
3.3 STREET ADDRESS	149 MEADOW AVE	
3.4 CITY - ST - ZIP	ST. AUGUSTINE FL 32085	
4.1 TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	COLEE, FRANCIS	
4.3 STREET ADDRESS	1404 W. COSTELLO WAY	
4.4 CITY - ST - ZIP	ST. AUGUSTINE FL 32085	
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 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)(k), 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: *William G. Vose* DATE: **4-11-96 (404) 824-5393**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)