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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
3101 FIRST STREET ST. AUGUSTINE FL 32095-2210

3. Date Incorporated or Qualified 07/20/1981
3a. Date of Last Report 04/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2163786	Applied For Not Applicable
21. Suite, Apt #, etc	26. Suite, Apt #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent BILL VOSE 123 CARCABA RD. 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 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: Bill Vose SECRETARY
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 2/12/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSE, BILL	1.2 NAME	
STREET ADDRESS	123 CARCABA RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEE, MANDYT	2.2 NAME	
STREET ADDRESS	168 SURFSIDE AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, JOSEPH	3.2 NAME	VD COLEE, FRANCIS
STREET ADDRESS	149 MEADOW AVE	3.3 STREET ADDRESS	524 SOLA ST.
CITY - ST - ZIP	ST. AUGUSTINE FL	3.4 CITY - ST - ZIP	ST. AUGUSTINE FLA 32095
TITLE	PC <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEE, FRANCIS	4.2 NAME	PD GRAHAM, JOSEPH
STREET ADDRESS	1404 W. COSTELLO WAY	4.3 STREET ADDRESS	149 MEADOW AVE
CITY - ST - ZIP	ST. AUGUSTINE FL	4.4 CITY - ST - ZIP	ST. AUGUSTINE FLA 32095
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, KATRINA	5.2 NAME	
STREET ADDRESS	149 MEADOW AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Bill Vose Bill Vose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 2/12/97
Daytime Phone *0001020

CR2E037 (9/96)