


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

**FILED**

**Feb 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759224 (9)**  
1. Corporation Name  
**NORTH SHORES VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business 3101 FIRST STREET ST. AUGUSTINE FL 32095	Mailing Address 3101 FIRST STREET ST. AUGUSTINE FL 32095
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3. Date Incorporated or Qualified <b>07/20/1981</b>		
4. FEI Number <b>59-2163786</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

**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 **KATRINA GRAHAM**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**149 MEADOW AVE**  
83  
84 City **ST. AUGUSTINE FL** 85 Zip Code **32095**

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 KATRINA GRAHAM KATRINA GRAHAM 1-14-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	SD	<input checked="" type="checkbox"/>
NAME	VOSE, BILL	
STREET ADDRESS	123 CARCABA RD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/>
NAME	COLEE, MANDYT	
STREET ADDRESS	168 SURFSIDE AVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	VD	<input type="checkbox"/>
NAME	COLEE, FRANCIS	
STREET ADDRESS	524 JOUA STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	PD	<input type="checkbox"/>
NAME	GRAHAM, JOSEPH	
STREET ADDRESS	149 MEADOW AVE.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	TD	<input type="checkbox"/>
NAME	GRAHAM, KATRINA	
STREET ADDRESS	149 MEADOW AVE.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	COLEE, MANDY		
1.3 STREET ADDRESS	168 SURFSIDE AVE		
1.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32095		
2.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	DALY, JACK		
2.3 STREET ADDRESS	519 14th Street		
2.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32095		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE: KATRINA GRAHAM **KATRINA GRAHAM** 1-14-98 (901) 824-6373  
**TWO REQUIRED**

CR2E037 (10/97)