


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90070 015 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 759224</b> 1. Corporation Name <b>NORTH SHORES VOLUNTEER FIRE DEPARTMENT, INC.</b>		
Principal Place of Business 3101 FIRST STREET ST. AUGUSTINE FL 32095	Mailing Address 3101 FIRST STREET ST. AUGUSTINE FL 32095	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/20/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2163786
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent  GRAHAM, KATRINA 149 MEADOW 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
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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 P. Paul Katrina Graham DATE: JAN 28, 1999  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	NAME COLEE, MANDY STREET ADDRESS 168 SURFSIDE AVE CITY-ST-ZIP ST. AUGUSTINE FL 32095	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME DAZY, JACK STREET ADDRESS 519 14TH ST CITY-ST-ZIP ST. AUGUSTINE FL 32095	1.2 NAME	
TITLE VD	NAME COLEE, FRANCIS STREET ADDRESS 524 JOUA STREET CITY-ST-ZIP ST. AUGUSTINE FL	1.3 STREET ADDRESS	
TITLE PD	NAME GRAHAM, JOSEPH STREET ADDRESS 149 MEADOW AVE. CITY-ST-ZIP ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE TD	NAME GRAHAM, KATRINA STREET ADDRESS 149 MEADOW AVE. CITY-ST-ZIP ST. AUGUSTINE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
TITLE	NAME	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
TITLE	NAME	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
TITLE	NAME	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, with all other like empowered.

SIGNATURE: Katrina Graham SIGNATURE: KATRINA G. GRAHAM DATE: JAN 28, 1999 DAYTIME PHONE #: (904) 824-5393

CR2E037 (1/198)