



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90020 012 ****61.25

DOCUMENT # 759224					
1. Entity Name NORTH SHORES VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 3101 FIRST STREET SAINT AUGUSTINE, FL 32084		Mailing Address 3101 FIRST STREET SAINT AUGUSTINE, FL 32084		<p style="text-align: center; font-size: 24pt;">54008739</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02112004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2163786	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRAHAM, KATRINA 149 MEADOW AVE ST AUGUSTINE, FL 32085				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code 32084	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Katrina Graham</i>		Katrina Graham		2-15-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VOSE, BILL	NAME	Graham, Katrina		
STREET ADDRESS	519 14TH ST	STREET ADDRESS	149 Meadow Ave		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	CITY-ST-ZIP	St. Augustine, FL 32084		
TITLE	PD <input type="checkbox"/> Delete	TITLE			
NAME	GRAHAM, JOSEPH	NAME			
STREET ADDRESS	149 MEADOW AVE.	STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE			
NAME	COLEE, FRANCOIS	NAME			
STREET ADDRESS	524 JULIA ST.	STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE			
NAME	GRAHAM, KATRINA	NAME			
STREET ADDRESS	149 MEADOW AVE.	STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Katrina Graham</i>		Katrina Graham		2-15-04 (904) 824-6373	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	