FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:49

DOCUMENT # N29246 (8)

1. Corporation Name
ASSOCIATION OF VILLAGES OF FIRESIDE, INC.

Principal Place of Business	Mailing Address
10TH FLOOR IREMC JACKSONVILLE FL 32276	10TH FLOOR IREMC JACKSONVILLE FL 32276

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1988
3a. Date of Last Report: 08/09/1994
4. FEI Number: 59-2916816 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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 2215 E. State Rd 200	26 P.O. Box 1408
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Yulee Florida	28 Fernandina Beach Fl
24 Zip 32097 / 25 Country US	29 Zip 32035-1408 / 30 Country US

9. Name and Address of Current Registered Agent

DAVIS, JULIE B.
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32276

10. Name and Address of New Registered Agent

81 Name: Terrell J. Powell
82 Street Address (P.O. Box Number is Not Acceptable): 2215 E. State Rd 200
83
84 City: Yulee FL 85 Zip Code: 32097

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Terrell J. Powell — 3.20.95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WEST, RICHARD M.	12 NAME	
STREET ADDRESS	ONE INDEPENDENT DR	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	FOSHEE, J. PATE	22 NAME	
STREET ADDRESS	ONE INDEPENDENT DR	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FOSHEE, J. PATE	32 NAME	
STREET ADDRESS	ONE INDEPENDENT DR	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY-ST ZIP	
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	JOHNS, EDWARD M.	42 NAME	
STREET ADDRESS	ONE INDEPENDENT DR	43 STREET ADDRESS	
CITY ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST-ZIP		64 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: J Pate Foshee 3/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0073870