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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005552 (3)**

1. Corporation Name

FIRE DISTRICT 5 VOLUNTEER ASSOCIATION, INC.



Principal Place of Business	Mailing Address
107 CARDINAL ROAD ST. AUGUSTINE FL 32086	107 CARDINAL ROAD ST. AUGUSTINE FL 32086-6103

3. Date Incorporated or Qualified 11/27/1995	3a. Date of Last Report 03/07/1996
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2. Principal Place of Business	2a. Mailing Address
21 1033 PRINCE ROAD	26 1033 PRINCE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 ST. AUGUSTINE FL	28 ST. AUGUSTINE FL
Zip	Zip
24 32086	29 32086
Country	Country
25	30

4. FEI Number 59-3351253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~TALBERT, BARBARA J~~
~~107 CARDINAL ROAD~~
~~ST. AUGUSTINE FL 32086~~

10. Name and Address of New Registered Agent

81 Name WEBBER, JOHN JERROLD
82 Street Address (P.O. Box Number is Not Acceptable) 1033 PRINCE ROAD
83
84 City ST. AUGUSTINE
FL
85 Zip Code 32086

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 John Jerrold Webber **JOHN JERROLD WEBBER, SEC. 4/6/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEED, ROY S	
STREET ADDRESS	137 PELICAN ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WEBBER, JOHN J	
STREET ADDRESS	1033 PRINCE ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TALBERT, BARBARA	
STREET ADDRESS	107 CARDINAL ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	O'KEEFE, AUGUSTINE	
STREET ADDRESS	346 JASMINE ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONKEY, HERBERT E	
STREET ADDRESS	1137 PRINCE ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILLESPIE, DANIEL	
STREET ADDRESS	204 SWALLOW ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	POMARICO, VINCENT M.
2.4 CITY-ST-ZIP	805 WHITE EAGLE CIRCLE ST. AUGUSTINE, FL 32086
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	WEBBER, JOHN J.
3.4 CITY-ST-ZIP	1033 PRINCE ROAD ST. AUGUSTINE, FL 32086
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	JACKSON, THOMAS J.
6.4 CITY-ST-ZIP	134 PELICAN ROAD ST. AUGUSTINE, FL 32086

14. I do 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 John Jerrold Webber **JOHN JERROLD WEBBER, SEC. 4/6/97**

CR2E037 (9/96)