## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998

Mar 11 1998 8:00am											
Secretary of State											

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DOCUMENT # N95000005552 (3)														
FIRE DISTRICT 5 VOLUNTEER ASSOCIATION, INC.														
FINE DISTRICT S VOLUNTEEN ASSOCIATION, INC.								I abbilier die laiel biole b	IN MANIE COME ON	III <b>Ba</b> nal anak i		14 <b>6</b> 14 <b>6</b> 1 1 <b>8 1</b> 1		
Principal Place of Business Mailing Address										1314 <b>43</b> 141 <b>48</b> [4] <b>38</b>		******		
1033 PRINCE RD 1033 PRINCE RD									3. Date Incorporated or Qu	alified				
ST. AUGUSTINE FL 32086 US				ST AUGUSTINE FL 32086 US				11/27/1995						
									4. FEI Number 59-3351253		-		Applicable	
2. Principal Place of Business 2e. Mailing Address											\$8.		dditional	
21				26					5. Certificate of Status Des	ired 🔲			guired	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Fina				lay Be	
City & State	е		27	City & State					Trust Fund Contribution	tion a homeou		ed to		
23			28	<u>⊢</u> , ′					7. Is this nonprofit corporation a homeowners association?					
Zip	Country			Zip Co					8. This corporation owes or has paid the current year intangible					
24	O Name	25 and Address of Currer	29_	tered Anent	30	·r-			Personal Property Tax of 10. Name and Address of		Yes X-No			
<del> </del>	9, 1401119	and Address of Corre	it negis	teleu Ageilt		81	Name		IU. Name and Address of	IAM VORISIO	eu Agent		<del></del>	
WESSER	R, JOHN JE	RROLD						A alata	- (D.O. Double of the Mark					
	INCE RD					82	Street	Addre	ss (P.O. Box Number is Not A	cceptable)				
ST. AUGUSTINE FL 32086						83								
						84	City				- 85	Zip C	ode	
44. Dura and to the provisions of Continue 617 0500 and 647 1500 Floride Clabular						above	named	corno	ration submits this statement	for the purpos	EL BS	no ite	registered	
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 617.0503, Florid</li> </ol>							the corp	poratio	n's board of directors. I herel	y accept the	appointmer	nt as r	egistered	
SIGNÁTURE .	att tarriinar 🙌	itir, and decept the obligi	ationis of	1, 00000,1017.0000,1	ionida oi	MICIOS	•							
	Signature, typed	or printed name of registered age					nt signature	required	when reinstaling)	DA		<del>-</del>		
12.	PD	OFFICERS AN	DINEC	DELETE	13	TITLE		T	ADDITIONS/CHANGES T	O OFFICERS	AND DIREC		Addition	
NAME	WEED, I	ROY S				NAME		l						
STREET ADDRESS						1.3 STREET ADDRESS		1		1				
CITY-ST-ZIP	ST. AUGUSTINE FL 32086						T-ZIP	ļ						
TITLE	VD			DELETE	2.1	2.1 TITLE		D.	irector	1	. K Cha	nge	☐ Addition	
NAME	POMARICO, VINCENT M				2.2	NAME				1 -				
STREET ADDRESS	l l			2.3			address						/	
CITY-ST-Z#P		JUSTINE FL				4 CITY-S	T-ZIP	<u> </u>		<u> </u>				
TITLE	SD HERDER HOLDE			☐ DELETE		3.1 TITLE					Cha	nge	Addition	
NAME OTREST ADDRESS	WEBBER, JOHN J   1033 PRINCE RD						3.2 NAME							
STREET ADDRESS							3.3 STREET ADDRESS							
CITY-ST-ZIP TITLE	ST AUGUSTINE FL TD			DELETE		3.4. CITY-ST-ZIP 4.1 TITLE		-		<del></del>	☐ Cha	nne	Addition	
NAME		E, AUGUSTINE		C otter		2 NAME						iii Bo		
STREET ADDRESS		MINE ROAD					ADDRESS	-						
CITY-ST-ZIP	ST. AUGUSTINE FL 32086				4.4 CITY-ST-ZIP									
TITLE	D D					5.1 TITLE		V1/	ce-President,	dicar	Cha	nge	☐ Addition	
NAME	CONKEY, HERBERT E				5.2 NAME			`	, , , , , , , , , , , , , , , , ,	01160	01 -	-		
STREET ADDRESS					5.3 STREET		ADDRESS							
CITY-ST-ZIP		SUSTINE FL 32086				CITY-S								
TITLE	D			DELETE		TITLE		<u> </u>			Cha	nge	☐ Addition	
NAME	JACKSO	ON, THOMAS J			6.2	NAME								
STREET ADDRESS	134 PEL	ICAN RD			6.3	STREET	ADDRESS							
CITY-ST-ZIP	ST AUG	WSTINE FL .	<b></b>		6.4	CITY-S	T-ZIP	<u> </u>						

Thereby 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 eath; 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.

GNATURE:

March 4 1998 197-5098

**SIGNATURE:** 

March 4, 1998