

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90152 019 ****61.25

0075866

DOCUMENT # N95000005552

1. Corporation Name

FIRE DISTRICT 5 VOLUNTEER ASSOCIATION, INC.

Principal Place of Business

1033 PRINCE RD
ST. AUGUSTINE FL 32086
US

Mailing Address

1033 PRINCE RD
ST AUGUSTINE FL 32086
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/27/1995

4. FEI Number

59-3351253

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

9. Name and Address of Current Registered Agent

WEBBER, JOHN JERROLD
1033 PRINCE RD
ST. AUGUSTINE FL 32086

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **WEED, ROY S**
STREET ADDRESS **137 PELICAN ROAD**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **D** ☐ DELETE
NAME **POMARICO, VINCENT M**
STREET ADDRESS **805 WHITE EAGLE CIR**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **SD** ☐ DELETE
NAME **WEBBER, JOHN J**
STREET ADDRESS **1033 PRINCE RD**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **TD** ☐ DELETE
NAME **O'KEEFE, AUGUSTINE**
STREET ADDRESS **346 JASMINE ROAD**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **VPD** ☐ DELETE
NAME **CONKEY, HERBERT E**
STREET ADDRESS **1137 PRINCE ROAD**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **D** ☐ DELETE
NAME **JACKSON, THOMAS J**
STREET ADDRESS **134 PELICAN RD**
CITY-ST-ZIP **ST AUGUSTINE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VPD

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

PD

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (1/198)