

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 752205 (5)
1. Corporation Name
RIVERSIDE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
**U.S. HIGHWAY 17 SOUTH
P. O. BOX 694
SAN MATEO FL 32187**

3. Date Incorporated or Qualified **04/28/1980** 3a. Date of Last Report **02/14/1995**
4. FEI Number **59-1967981** 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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country Zip 29 Country 30

9. Name and Address of Current Registered Agent

**FIELDS, ALAN B.
413 ST. JOHNS AVENUE
PALATKA FL**

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 (required) (Date) Registered Agent's signature (required when re-registering) (Date)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KIRBY, THELMA C	
STREET ADDRESS	110 CREEKSIDE RD.	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STREETS, ROSEMARY P	
STREET ADDRESS	312 WATER WAY AVE.	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GEARY, DAVID W	
STREET ADDRESS	108 FISHERMAN RD.	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNNET, ERIC C	
STREET ADDRESS	317 FERN ST.	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KIRBY, DEBBIE	
STREET ADDRESS	STAR RT. 3, BOX 990	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STREETS, RAYMOND D	
STREET ADDRESS	312 WATERWAY AVE.	
CITY-ST-ZIP	SAN MATEO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Kirby, Thelma C	
13 STREET ADDRESS	110 Creekside Rd	
14 CITY-ST-ZIP	SAN MATEO FL 32187	
21 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	STREETS, ROSEMARY	
23 STREET ADDRESS	312 WATERWAY AVE.	
24 CITY-ST-ZIP	SAN MATEO FL 32187	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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: Thelma C Kirby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-96
Date Daytime Phone #

CR2E037 (12/95)