## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752205

(5)

RIVERSIDE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business Mailing Address					E INDRÍN ORDAN MINIO YIDID LLON BRUBI OS	IL BIRON DIDIN GIRUN BIRIN BIRAN BIRIN 18881
I.S. HIGHWAY 17 SOUTH I. O. BOX 694 AN MATEO FL 32187		U.S. HIGHWAY 17 SOUTH P. O. BOX 694 SAN MATEO FL 32187-0694			_	
		<b></b>			3. Date Incorporated or Qualified 04/28/1980	3a. Date of Last Report 02/07/1996
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-1967981	Applied For Not Applicable	
<del></del>		Suite, Apt. #, etc.	te, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27					3. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 26	Zip 30	Country	,	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
	9. Name and Address of Curren				10. Name and Address of New Re	gistered Agent
			81	Name		
FIELDS, ALAN B.			82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)
PALATKA	OHNS AVENUE		83			
FALAINA	ru .					·····
			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						
40	Signature, typed or printed name of registered age	·	egistered Age	ent signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE
12.	OFFICERS AN	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	KIRBY, THELMA	lement = The second	1.2 NAME	1		
STREET ADDRESS	110 CREEKSIDE ROAD		1.3 STREET	ADDRESS		
CITY-ST-ZIP	SAN MATEO FL	<b>EO FL</b> 1.4 C		at - ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME		• ?	
STREET ADDRESS	312 WATERWAY AVENUE		2.3 STREET	1	* .	
CITY-ST-ZIP TITLE	SAN MATEO FL VD	DELETE	2. 4 CITY - : 3.1 TITLE	ST - ZIP		Change Addition
NAME	GEARY, DAVID W		3.2 NAME			
STREET ADDRESS	108 FISHERMAN RD.		3.3 STREET	ADDRESS		
CITY-ST-ZIP	SAN MATEO FL		3.4. CITY-	ST-ZIP		[
TITLE	D	☐ DELĒTE 41 TI				Change Addition
NAME	BURNNET, ERIC C		4. 2 NAME	ļ		
STREET ADDRESS	• /· · · · · · · · · · ·		4.3 STREET			
CITY-ST-ZIP TITLE			4.4 CITY - S 5.1 TITLE	ST-ZIP		Change Addition
NAME	KIRBY, DEBBIE	C pttere	5.2 NAME	{		C Ottoulée C Magnott
STREET ADDRESS	STAR RT. 3, BOX 990		5.3 STREET	ADDRESS		
CITY-ST-2IP	SATSUMA FL 32189		5.4 CITY-S	\ \ \		
TITLE	D	DELETE 6.11				Change Addition
NAME	STREETS, RAYMOND D		6.2 NAME			
STREET ADDRESS	312 WATERWAY AVE.		6.3 STREET	ADDRESS		

CITY-ST-ZIP

SAN MATEO FL

64 CITY-ST-ZIP

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: 40 DAILO DE LA DELLA DA O MARCE LA

CR2E037 (9/96)

**FILED** 

Jan 29 1997 8:00am

Secretary of State