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Jun 19 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 # 752410 (1)
1. Corporation Name
RIMA RIDGE VOLUNTEER FIREFIGHTERS ASSO., INC.



Principal Place of Business 500 RODEO RD. ORMOND BEACH FL 32174 US	Mailing Address 246 PINTO LN. ORMOND BEACH FL 32174-7809
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3. Date Incorporated or Qualified 05/09/1980	3a. Date of Last Report 02/16/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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

**MCINTYRE, LINDA M
246 PINTO LN.
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	BLANK, MICHAEL
STREET ADDRESS	246 PINTO LN.
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	V <input type="checkbox"/> DELETE
NAME	SEKULA, RANDY
STREET ADDRESS	3667 PLANTATION DR.
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	S <input type="checkbox"/> DELETE
NAME	GREGORY, NANCY
STREET ADDRESS	190 PINTO LN.
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	TD <input type="checkbox"/> DELETE
NAME	MCINTYRE, LINDA
STREET ADDRESS	246 PINTO LN.
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	D <input type="checkbox"/> DELETE
NAME	JUBINSKY, WALTER
STREET ADDRESS	18 BRIDLE PATH
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	D <input type="checkbox"/> DELETE
NAME	BLANK, DAVID
STREET ADDRESS	246 PINTO LN.
CITY-ST-ZIP	ORMOND BEACH FL 32174

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edward Gregory
1.3 STREET ADDRESS	190 Pinto Lane
1.4 CITY-ST-ZIP	Ormond Bch Fl. 32174
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	David Blank
2.3 STREET ADDRESS	246 Pinto Lane
2.4 CITY-ST-ZIP	Ormond Bch, Fl. 32174
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Tony Guerin
6.3 STREET ADDRESS	221 Pine Cone Ln
6.4 CITY-ST-ZIP	Ormond Bch Fl 32174

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.

CR2E037 (9/96)