FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



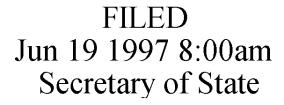
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 752410

(1)

RIMA RIDGE VOLUNTEER FIREFIGHTERS ASSO., INC.





Principal F	Place of Business	Mailing Address				() 0 0 (() 0 0 0 0 0 0 0 0 0 0 0		atom shall old		
SOO RODEO I DRIMOND BE/	70. ACH FL 32174	246 PINTO LN. ORMOND BEACH FL 32174-7909								
13						3. Date Incorporated or Qualified 05/09/1980		ate of Last F 2/16/199		
· · ·	al Place of Business	2a. Mailing Address				4. FEI Number			pplied For	
21 Culto (26				NOT APPLICABLE			Not Applicable	
Suite, Apt. #, etc. 22 City & State		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
_	State	City & State			1	6. Election Campaign Financing	_		May Be	
Zip	Country	Zip Country				Trust Fund Contribution			to Fees	4
24	25	29)	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Yo				
= 1	9. Name and Address of Current			10. Name and Address of New Registered Agent					\dashv	
				31 Nam		O. 110110 0110 1100 01 11011 1101	giotorou i	- Tgoil		┨
MOINT	YRE, UNDA M)_							╛
	NTO LN.		82 Street Ad			ddress (P.O. Box Number is Not Acceptable)				
	ND BEACH FL 32174	83					7.78 11			\dashv
OI MITO	TO BENOTTE OF IT		1	34 City				85 Zip	Code	\dashv
11 Durous	ant to the provinces of Sections 617.0500	and C47 4500. Florida Crai					<u>FL</u>			
office agent	ant to the provisions of Sections 617.0502 or registered agent, or both, in the State I am familiar with, and accept the obliga	of Florida. Such change was tions of, Section 617.0503, I	utes, the abi s authorized Florida Statu	by the co tes.	ed corporation's	ion submits this statement for the page board of directors. I hereby accep	urpose of It the app	changing it ointment as	ts registered registered	
SIGNATUR	Signature, typed or printed name of registered ager									
12.	OTE: Registered	Agent signati	ute required wh	en reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIDECTOR	20 11 40	ے إـ		
TITLE	OFFICERS AND	DELETE	1.1 TH	F	P	ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	Addition	
NAME	BLANK, MICHAEL		1.2 NAN	_	1 *	und Gregory		TAI CHAIRE	Accidion	[9
STREET ADDRE	La campidada sa s			ı∟ Eet address	1.0.5	3 mbo hane				3
CITY-ST-ZIP	ORMOND BEACH FL 32174				- 1	•	. ادی			۱ñ
TITLE	V	DELETE	2.1 TITL	'-ST-ZIP F	Srn	and Buh Fl. 321	<i>17</i>	Change	Addition	-16
NAME	SEKULA, RANDY		2.2 NAN		Dari	o Blank		LEI Grangs	riodition]
STREET ADDRE				ET ADORESS		Pintolane				-
CITY - ST - ZIP	ORMOND BEACH FL 32174			7-\$1-ZIP	Orm	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	حله			1
TITLE	S	DELETE	3.1 TITL		OI II V	THE WALL THE	7	Change	Addition	1
NAME	GREGORY, NANCY	-	3.2 NAM							ļ
STREET ADDRE	.			ET ADDRESS	3					
CITY-ST-ZIP	ORMOND BEACH FL 32174			(+ \$T- ZIP						
TITLE	TD	☐ DELETE	4.1 TITL		 		•	Change	☐ Addition	1
NAME	MCINTYRE, LINDA		4. 2 NAN	AE						
STREET ADDRE				et address	.					
CITY-ST-ZIP	ORMOND BEACH FL 32174			-ST-ZIP	´					
TITLE	D	DELETE	5.1 TITL					Change	Addition	\exists
NAME	JUBINSKY, WALTER		5.2 NAM							
STREET ADDRE				ET ADDRESS	,					
CITY-ST-ZIP	ORMOND BEACH FL 32174			- ST-ZIP						
TITLE	D	DELETE	6.1 TITU		12			Change	Addition	\dashv
NAME	BLANK, DAVID	- -	6.2 NAM			4 Guerin				
STREET ADDRE				et address	221	Pine Cone La				
CITY-ST-ZIP	ORMOND BEACH FL 32174			-ST-ZIP	Ann	y Guerin Pine Cone has ond Bah Fl. 32	174			

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.