


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90115 048 ****70.00

0000363

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 752410
 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
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/09/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **MCINTYRE, LINDA M**
 82 Street Address (P.O. Box Number is Not Acceptable) **19 N. YOUNG ST # 49**
 83
 84 City **ORMOND BEACH** FL 85 Zip Code **32174**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	EDWARD, GREGORY
STREET ADDRESS	190 PIRITO LANE
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	BLANK, DARIO
STREET ADDRESS	246 PINTO LANE
CITY-ST-ZIP	ORMOND BEACH FL
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	GUERIN, TONY
STREET ADDRESS	221 PINE CONE LA
CITY-ST-ZIP	ORMOND BEACH FL

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	BLANK, MICHAEL D
1.3 STREET ADDRESS	19 N YOUNG ST LOT 49
1.4 CITY-ST-ZIP	OB, FL 32174
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HUNT, GUEDA
2.3 STREET ADDRESS	366 OAKRIDGE RD
2.4 CITY-ST-ZIP	OB 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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]* MICHAEL BLANK 1/7/99 (904) 613-0622
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF 037 (11/98)