2001	UNIFORM BUSI	FILED		
DOCUMENT # 752410				Jun 23, 2001 08:00 AM
1. Entity Name RIMA RIDGE VOLUNTEER FIREFIGHTERS ASSO., INC.				Secretary of State
Principal Place of Business		Mailing Address	-	
500 RODEO RI	э.	3601 EAGLEWALK DR		
ORMOND BEACH FL ORMOND BEACH 32174 US 32174		FL		
2. Principal Place of Business		3. Mailing Address 3667 PLANTATION DRIVE		·
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	3	City & State ORMOND BEACH	FL	4. FEI Number Applied For
Zip	Country	Zip	Country	X Not Applicable 5 Cartificate of Status Desired \$8.75 Additional
	6 Name and Address of Current	32174		Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
WALKER LOUISE 3601 EAGLE WALK DR				ddress (P.O. Box Number is Not Acceptable)
			435 PIN	EWOODS ROAD
ORMOND BEACH FL 32174			City	r∎ Zip Code
ORMOND BEACH				ND BEACH 32174
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.				
SIGNATURE JOHN M O'BRIEN 06/23/2001				
SIGNATURE JOHN WORKEN Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE				
FILE NOW: 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make Check Payable to Department of State
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME	D GUERIN TONY	Delete	TITLE NAME	D2 Schange Addition LONGFELLOW JASON RD2
STREET ADDRESS	221 PINE CONE LA		STREET ADDRESS	2007 GRIFFIN STREET
CITY-ST-ZIP	ORMOND BEACH	FL	CITY-ST-ZIP	ORMOND BEACH FL 32174
NAME	D JUBINSKY WALTER	☐ Delete	TITLE NAME	D Xi Change ☐ Addition JUBINSKY WALTER D1
STREET ADDRESS	18 BRIDLE PATH		STREET ADDRESS	18 BRIDLE PATH
CITY-ST-ZIP	ORMOND BEACH	FL 32174	CITY-ST-ZIP	ORMOND BEACH FL 32174
NAME	TD WALKER LOUISE	☐ Delete	TITLE NAME	TD ■ Maddition O'BRIEN JOHN MTRES
STREET ADDRESS CITY-ST-ZIP	3601 EAGLE WALK DR	EI 23174	STREET ADDRESS	435 PINEWOODS ROAD
TITLE	ORMOND BEACH	FL 32174	CITY-ST-ZIP	ORMOND BEACH FL 32174 S ⚠ Change ☐ Addition
NAME	O JOHN M	□ Delete	NAME	RADIGAN IRENE SECTY
STREET ADDRESS CITY-ST-ZIP	435 PINEWOODS RD ORMOND BEACH	FL 32174	STREET ADDRESS CITY-ST-ZIP	218 PINTO LANE ORMOND BEACH FL 32174
TITLE	V V	□ Delete	TITLE	VP
NAME	SEKOLA LISA		NAME	GUERIN ANTHONY JVP
STREET ADDRESS CITY-ST-ZIP	3667 PLANTATION DR ORMOND BEACH	FL 32174	STREET ADDRESS CITY-ST-ZIP	221 PINE CONE DRIVE ORMOND BEACH FL 32174
TITLE	P	☐ Nelote	TITLE	P N Change Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FL 32174

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

435 PINEWOODS RD

ORMOND BEACH

BLANK

THE STATE OF THE PROPERTY OF T SIGNATURE: JOHN M O'BRIEN

MICHAEL D

TRES

LISA

3667 PLANTATION DRIVE

ORMOND BEACH

SEKULA

06/23/2001

MPRES

 \mathbf{FL}

32174

DAVID A BLANK D3 1904 WOODCREST DR

ORMOND BEACH FLORIDA 32174