

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752410

FILED  
Jul 07, 2005  
Secretary of State

Entity Name: RIMA RIDGE VOLUNTEER FIREFIGHTERS ASSO., INC.

**Current Principal Place of Business:**

500 RODEO RD.  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 RODEO ROAD  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 28-0000528      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

O'BRIEN, JOHN M TRES  
500 RODEO RD  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LONGFELLOW, JASON PRES  
Address: 500 RODEO RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP ( ) Delete  
Name: BLANK, DAVID A VP  
Address: 500 RODEO RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: S ( ) Delete  
Name: RADIGAN, IRENE SECTY  
Address: 500 RODEO RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD ( ) Delete  
Name: O'BRIEN, JOHN M TRES  
Address: 500 RODEO ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: BLANK, MICHAEL D3  
Address: 500 RODEO RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D2 ( ) Delete  
Name: GREGORY, JR, EDWARD D2  
Address: 500 RODEO RD  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CARDONA, RAYMOND PRES  
Address: 500 RODEO RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP (X) Change ( ) Addition  
Name: RASMUSSEN, AUTHOR VP  
Address: 500 RODEO RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M O'BRIEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TRES

07/07/2005

\_\_\_\_\_  
Date