

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$345)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

1995 JUL 26 AM 10:18  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N02223 (8)**

1. Corporation Name  
**RIVERVIEW-LAKE FOREST VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business Mailing Address  
**8835 WASHINGTON AVENUE JACKSONVILLE FL 32208**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified **03/27/1984** 3a. Date of Last Report **03/22/1994**  
 4. FEI Number **59-1156644** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**JACKSON, GORDAN A  
 8835 WASHINGTON AVE  
 JACKSONVILLE FL 32208**

10. Name and Address of Now Registered Agent

81 Name **Harry Parker**  
 82 Street Address (P.O. Box Number is Not Acceptable) **2527 Broward Rd**  
 83  
 84 City **Jacksonville** FL 85 Zip Code **32218**

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 *Harry A. Parker* **Harry A. Parker** **7/21/95**  
Signature of the current registered agent and the applicant. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>JACKSON, GORDON A</b>
STREET ADDRESS	<b>11025 KEY CORAL DRIVE</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>ROUNTREE, CAPT. MICHAEL</b>
STREET ADDRESS	<b>ROUNTREE, M., J., CAPT.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>TS</b>
NAME	<b>CARROLL, JAMES</b>
STREET ADDRESS	<b>523 E. 61ST STREET</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VP</b>
NAME	<b>HOLSENBECK, SCOTT</b>
STREET ADDRESS	<b>5801 DUNN AVE</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>PARKER, HARRY</b>
STREET ADDRESS	<b>2527 BROWARD RD</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>BLAIR, W.</b>
STREET ADDRESS	<b>1119 E. 12 ST</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Parker, Harry</b>
13 STREET ADDRESS	<b>2527 Broward Rd.</b>
14 CITY - ST - ZIP	<b>Jax, FL 32218</b>
21 TITLE	<b>Vice-President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Williams Terrance</b>
23 STREET ADDRESS	<b>830 Laurel St</b>
24 CITY - ST - ZIP	<b>Jax, FL 32208</b>
31 TITLE	<b>Treasury-Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Jackson Gordon A.</b>
33 STREET ADDRESS	<b>11025 Key Coral Dr</b>
34 CITY - ST - ZIP	<b>Jax, FL 32218</b>
41 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>White, John</b>
43 STREET ADDRESS	<b>7000 N. Main St.</b>
44 CITY - ST - ZIP	<b>Jax, FL 32208</b>
51 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>Rountree, Michael</b>
53 STREET ADDRESS	<b>911 Ethan Allen St.</b>
54 CITY - ST - ZIP	<b>Jax, FL 32208</b>
61 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>Blair, William</b>
63 STREET ADDRESS	<b>1119 E. 12th St.</b>
64 CITY - ST - ZIP	<b>Jax, FL 32208</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Harry A. Parker* **Harry A. Parker** **7/21/95** **751-5466**  
SIGNATURE APPLIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System Use Only)

CR2E037 (3/95)