

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **N02223 (8)**

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



Principal Place of Business Mailing Address
6835 WASHINGTON AVENUE 6835 WASHINGTON AVENUE
JACKSONVILLE FL 32208 JACKSONVILLE FL 32208

3. Date Incorporated or Qualified 3a. Date of Last Report
03/27/1984 07/26/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1156644	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
PARKER, HARRY 2527 BROWARD RD JACKSONVILLE FL 32218		B1 Name	Blair, William		
		B2 Street Address (P.O. Box Number is Not Acceptable)	1119 E. 12th St.		
		B3			
		B4 City	Jax	B5 State	FL
			B6 Zip Code	32208	

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: *[Signature]* *[Signature]* **8/4/96**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARKER, HARRY	1.2 NAME	Blair, William		
STREET ADDRESS	2527 BROWARD RD.	1.3 STREET ADDRESS	1119 E. 12th St.		
CITY-ST-ZIP	JAX FL	1.4 CITY-ST-ZIP	Jax, FL 32208		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, TERRANCE	2.2 NAME	Parker, Harry		
STREET ADDRESS	830 LAUREL ST.	2.3 STREET ADDRESS	2527 Broward Rd.		
CITY-ST-ZIP	JAX FL	2.4 CITY-ST-ZIP	Jax, FL 32218		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACKSON, GORDON A	3.2 NAME			
STREET ADDRESS	11025 KEY CORAL DR.	3.3 STREET ADDRESS			
CITY-ST-ZIP	JAX FL	3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, JOHN	4.2 NAME			
STREET ADDRESS	7000 N. MAIN ST.	4.3 STREET ADDRESS			
CITY-ST-ZIP	JAX FL	4.4 CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROUNTREE, MICHAEL	5.2 NAME	William, Terrance		
STREET ADDRESS	911 ETHAN ALLEN ST.	5.3 STREET ADDRESS	830 Laurel St.		
CITY-ST-ZIP	JAX FL	5.4 CITY-ST-ZIP	Jax, FL 32208		
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAIR, WILLIAM	6.2 NAME	Jones Randy		
STREET ADDRESS	1119 E. 12TH ST.	6.3 STREET ADDRESS	11291 Harts Rd #804		
CITY-ST-ZIP	JAX FL	6.4 CITY-ST-ZIP	Jax, FL 32218		

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 119.07(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: *[Signature]* *[Signature]* **8/4/96 (904)**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)