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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 8835 WASHINGTON AVENUE JACKSONVILLE FL 32208
Mailing Address: 8835 WASHINGTON AVENUE JACKSONVILLE FL 32208-2682

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

3. Date Incorporated or Qualified: 03/27/1984
3a. Date of Last Report: 08/12/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BLAIR, WILLIAM
1119 E. 12TH STREET
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: William Blair President 1/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BLAIR, WILLIAM	
STREET ADDRESS	1119 E. 12TH STREET	
CITY-ST-ZIP	JAX FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARKER, HARRY	
STREET ADDRESS	2527 BROWARD ROAD	
CITY-ST-ZIP	JAX FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	JACKSON, GORDON A	
STREET ADDRESS	11025 KEY CORAL DR.	
CITY-ST-ZIP	JAX FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, JOHN	
STREET ADDRESS	7000 N. MAIN ST.	
CITY-ST-ZIP	JAX FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAM, TERRACE	
STREET ADDRESS	830 LAUREL STREET	
CITY-ST-ZIP	JAX FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, RANDY	
STREET ADDRESS	11291 HARTS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 do 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.
SIGNATURE: G Alan Jacobson 1/21/97 904-783-9470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0005024

CR2E037 (9/96)