

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 14 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02223 (8)**

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



Principal Place of Business <b>8835 WASHINGTON AVENUE JACKSONVILLE FL 32208</b>	Mailing Address <b>8835 WASHINGTON AVENUE JACKSONVILLE FL 32208</b>
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3. Date Incorporated or Qualified  
**03/27/1984**

4. FEI Number  
**59-1156644**

Applied For	
Not Applicable	

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

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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. City	
84. City	85. Zip Code
	<b>FL</b>

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)** *William Blair* **3-27-98**  
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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BLAIR, WILLIAM</b>	
STREET ADDRESS	<b>1119 E. 12TH STREET</b>	
CITY-ST-ZIP	<b>JAX FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PARKER, HARRY</b>	
STREET ADDRESS	<b>2527 BROWARD ROAD</b>	
CITY-ST-ZIP	<b>JAX FL</b>	
TITLE	<b>TS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JACKSON, GORDON A</b>	
STREET ADDRESS	<b>11025 KEY CORAL DR.</b>	
CITY-ST-ZIP	<b>JAX FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITE, JOHN</b>	
STREET ADDRESS	<b>7000 N. MAIN ST.</b>	
CITY-ST-ZIP	<b>JAX FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAM, TERRACE</b>	
STREET ADDRESS	<b>830 LAUREL STREET</b>	
CITY-ST-ZIP	<b>JAX FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JONES, RANDY</b>	
STREET ADDRESS	<b>11291 HARTS ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>TS JAMES CARROLL</b>
3.3 STREET ADDRESS	<b>2021 CATHEDRAL LANE</b>
3.4 CITY-ST-ZIP	<b>VULEE, FL. 32097</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D TIMOTHY OLGES</b>
4.3 STREET ADDRESS	<b>621 WEST 44th ST. APT. 84</b>
4.4 CITY-ST-ZIP	<b>JAX FL. 32208</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D DAVID HOWELL</b>
6.3 STREET ADDRESS	<b>10157 ALLENE RD.</b>
6.4 CITY-ST-ZIP	<b>JAX, FL. 32219</b>

14. I 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: *James Carroll* **3-27-98** (90M) 764-0114

CR2E037 (10/97)