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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N02223

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

03/27/1984

22 City & State

27 City & State

4. FEI Number
 59-1156644

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAIR, WILLIAM
 1119 E. 12TH STREET
 JACKSONVILLE FL 32208

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

William Blair

2-12-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
 NAME BLAIR, WILLIAM
 STREET ADDRESS 1119 E. 12TH STREET
 CITY-ST-ZIP JAX FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VD
 NAME PARKER, HARRY
 STREET ADDRESS 2527 BROWARD ROAD
 CITY-ST-ZIP JAX FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE TS
 NAME CARROLL, J
 STREET ADDRESS 2021 CATHEDRAL LN
 CITY-ST-ZIP YULEE FL 32097

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE D
 NAME OLGES, T
 STREET ADDRESS 621 W 44TH ST, APT 84
 CITY-ST-ZIP JAX FL 32208

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D
 NAME WILLIAM, TERRACE
 STREET ADDRESS 830 LAUREL STREET
 CITY-ST-ZIP JAX FL

5.1 TITLE Change Addition
 5.2 NAME Blair, Lynette
 5.3 STREET ADDRESS 1036 Glencarin St
 5.4 CITY-ST-ZIP Jax Fla. 32208

TITLE D
 NAME HOWELL, D
 STREET ADDRESS 10157 ALLENE RD
 CITY-ST-ZIP JAX FL 32219

6.1 TITLE Change Addition
 6.2 NAME LaFavor, Francine
 6.3 STREET ADDRESS 1011 Ardoon St.
 6.4 CITY-ST-ZIP Jax Fla 32208

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, with all other like empowered.

SIGNATURE:

William Blair SIGNATURE REQUIRED *James Carroll* Sect./Treas.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-99

(904) 768-4888

Date

Daytime Phone #

CR2E037 (11/98)