


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90074 019 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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		26		03/27/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1156644	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

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			

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* DATE 2-12-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLAIR, WILLIAM			1.2 NAME			
STREET ADDRESS	1119 E. 12TH STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	JAX FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARKER, HARRY			2.2 NAME			
STREET ADDRESS	2527 BROWARD ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	JAX FL			2.4 CITY-ST-ZIP			
TITLE	TS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARROLL, J			3.2 NAME			
STREET ADDRESS	2021 CATHEDRAL LN			3.3 STREET ADDRESS			
CITY-ST-ZIP	YULEE FL 32097			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLGES, T			4.2 NAME			
STREET ADDRESS	621 W 44TH ST, APT 84			4.3 STREET ADDRESS			
CITY-ST-ZIP	JAX FL 32208			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAM, TERRACE			5.2 NAME	Blair Lynette		
STREET ADDRESS	830 LAUREL STREET			5.3 STREET ADDRESS	1036 Glencarin St		
CITY-ST-ZIP	JAX FL			5.4 CITY-ST-ZIP	Jax Fla. 32208		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOWELL, D			6.2 NAME	LaFavor, Francine		
STREET ADDRESS	10157 ALLENE RD			6.3 STREET ADDRESS	1011 Ardoon St.		
CITY-ST-ZIP	JAX FL 32219			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: *James Carroll* Sect./Treas. DATE: 2-12-99 DAYTIME PHONE: (904) 768-4888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)