

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 02, 2004
Secretary of State**

DOCUMENT# N02223

Entity Name: RIVERVIEW-LAKE FOREST VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

8835 WASHINGTON AVENUE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

8835 WASHINGTON AVENUE
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-1156644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLAIR, WILLIAM
Address: 1119 E. 12TH STREET
City-St-Zip: JAX, FL

Title: VD () Delete
Name: PARKER, HARRY
Address: 2527 BROWARD ROAD
City-St-Zip: JAX, FL

Title: TS () Delete
Name: CARROLL, J
Address: 2021 CATHEDRAL LN
City-St-Zip: YULEE, FL 32097

Title: D () Delete
Name: OLGES, T
Address: 621 W 44TH ST, APT 84
City-St-Zip: JAX, FL 32208

Title: D () Delete
Name: LYNETTE, BRAIN
Address: 1036 GLENCARIN ST
City-St-Zip: JAX, FL 32208

Title: D () Delete
Name: LAFAVOR, FRANCINE
Address: 1011 ARDOON ST
City-St-Zip: JAX, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: CARROLL, J
Address: 1972 WAGES WAY SOUTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES CARROLL

SEC

09/02/2004

Electronic Signature of Signing Officer or Director

Date