

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02223

FILED  
Apr 28, 2006  
Secretary of State

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: 1972 WAGES WAY SOUTH  
City-St-Zip: JACKSONVILLE, FL 32218

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: VP      (X) Change ( ) Addition  
Name: PARKER, HARRY  
Address: 2527 BROWARD ROAD  
City-St-Zip: JAX, FL

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

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 Chapter 119, 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

TS

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date