


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 752205</b> 1. Entity Name RIVERSIDE VOLUNTEER FIRE DEPARTMENT, INC.	
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Principal Place of Business 101 GAIL DRIVE SAN MATEO, FL 32189	Mailing Address U.S. HIGHWAY 17 SOUTH P. O. BOX 694 SAN MATEO, FL 32187
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01032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1967981	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FIELDS, ROBERT M 413 ST. JOHNS AVENUE PALATKA, FL 32177
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000585543 01/16/07-80016-023 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRBY, THELMA C 118 CREEKSIDE RD SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, TAMMY 135 PALMETTO RD SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROY, JOSEPH 112 PINEWAY AVE SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARNSWORTH, DIANE 222 RABBIT TRACK SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROY, NORMA 112 PINEWAY SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSSHOLZ, ROBERT 113 NAVAJO ST SATSUMA, FL 32189

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Belinda G. Steybe* **CHIEF** **BELINDA G STEYBE** **4-01-07** **(386)** **(325-3420)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #