

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752410

**Entity Name:** RIMA RIDGE VOLUNTEER FIREFIGHTERS ASSO., INC.

**Current Principal Place of Business:**

500 RODEO RD.  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

500 RODEO RD.  
ORMOND BEACH, FL 32174 US

**FEI Number:** 28-0000528

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

O'BRIEN, JOHN MP  
500 RODEO RD  
ORMOND BEACH, FL 32174 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VONBRETZEL, JEFFERY  
Address        500 RODEO RD.  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR  
Name            WILSON, JOHN  
Address        500 RODEO RD.  
City-State-Zip: ORMOND BEACH FL 32174

Title            VP  
Name            SENN, MARTIN  
Address        500 RODEO RD.  
City-State-Zip: ORMOND BEACH FL 32174

Title            TD  
Name            OBRIEN, JOHN MTRES  
Address        500 RODEO ROAD  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR, D2  
Name            GREGORY, EDWARD  
Address        500 RODEO RD.  
City-State-Zip: ORMOND BEACH FL 32174

Title            SECRETARY  
Name            CARDONA, RAYMOND  
Address        500 RODEO RD.  
City-State-Zip: ORMOND BEACH FL 32174

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN M OBRIEN

**TREASURER**

**02/21/2020**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date