## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

738872

(1)

FILED Mar 10 1998 8:00am Secretary of State

RIO VOLUNTEER FIRE DEPARTMENT, INC.						   <b>                                  </b>	iii lin in in is	
Principal Plac	e of Business	Mailing Address					913H 814H 916H 1831	
977 N.E. DIXIE HWY JENSEN BEACH FL 34957  JENSEN BEACH FL 34957  JENSEN BEACH FL 349			<b>1</b>		3. Date Incorporated or Qualified  04/29/1977  4. FEI Number  Applied For			
		100		<del></del>	59-2351187		Not Applicable	
21 26					6. Certificate of Status Desired		\$8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing		.00 May Be	
22					Trust Fund Contribution		ded to Fees	
23	0	28		7. Is this nonprofit corporation a homeowners association?				
Zip	Country	Zip	Country		8. This corporation owes or has pai		er Intendible	
24	25	29	30		Personal Property Tax due June		□ No	
	9. Name and Address of Currer				10. Name and Address of New Re			
			81	Name			<u> </u>	
CARTER JOHN JR				Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
341 N E JULIA COURT			82					
JENSEN	BEACH FL 34957		83					
	-		84	City	<del></del>	85	Zip Code	
				•		PL	• -	
11. Pursuant	to the provisions of Sections 617,050 registered agent, or both, in the State	02 and 617.1508, Florida Statute e of Florida, Such change was a	s, the above	e-named corp	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of chang t the appointme	jing its registered	
agent, I a	m familiar with, and accept the oblig	ations of, Section 617.0503, Flo	rida Statutes	i.	,	- по времине		
SIGNATURE .								
12.	Signature, typed or printed name of registered age	D DIRECTORS	13,	nt signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIREC	CTORS IN 12	
TITLE	DC	DELETE	1,1 TITLE			☐ Ch		
NAME	CARTER, JOHN	,						
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP	JENSEN BEACH FL		1.4 City-St-ZiP				•	
TITLE	AC	☐ DELETE	2.1 TITLE			☐ Ch	ange Addition	
NAME	MCGREGAN, MICHAEL		2.2 NAME					
STREET ADDRESS	1473 NE CROTON ST			address				
CITY-ST-ZIP	JENSEN BEACH FL		2. 4 CITY-S	T-ZIP				
TITLE	8	☐ DELETÉ				☐ Cha	ange 🔲 Addition	
NAME	KOLODZIEJCZAK, CARRIE		3.2 NAME	J				
STREET ADDRESS	502 HOLPAKOKEE ST. 38		3.3 STREET	ADDRESS				
CITY-ST-ZIP	STUART FL		3.4. CITY-ST-ZIP					
TITLE	10	DELETE	4.1 TITLE			∐ Cha	ange 🔲 Addition	
NAME	SMITH, MARIGRACE		4. 2 NAME					
STREET ADDRESS	211 NE HOLLYHOCK TERR		4.3 STREET ADDRESS					
CITY-ST-ZIP	JENSEN BCH FL	DELETE	4.4 CITY-ST-ZIP			□ Cha	ange Addition	
TITLE	PD BAND INCEDE	L_J UELEIE	5.1 TITLE				anya L. Munanon	
NAME STREET ADDRESS	RUMMO, JOSEPH 606 N.E. RIVER TERR.		5.2 NAME 5.3 STREET ADDRESS					
STREET ADDRESS	475.16.76.1 D.T. 4.64.4 MI							
CITY-ST-ZIP TITLE			5.4 CITY - S1 6.1 TITLE	1-214	· · · · · · · · · · · · · · · · · · ·	☐ Cha	ange Addition	
NAME		>	6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-7IP			64 City - St	- 1				

11. I hereby certify that the information supplied with his ling 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 of 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.

SIGNATURE:

3/2/98- 3342422.