FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752205 (5)

1. Corporation Name
RIVERSIDE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business
U.S. HIGHWAY 17 SOUTH
P. O. BOX 694
SAN MATEO FL 32187

Mailing Address
U.S. HIGHWAY 17 SOUTH
P. O. BOX 694
SAN MATEO FL 32187

3. Date Incorporated or Qualified: 04/28/1980
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-1967981 — Applied For / Not Applicable
5. Certificate of Status Desired — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes — Yes / No

9. Name and Address of Current Registered Agent
FIELDS, ALAN B.
413 ST. JOHNS AVENUE
PALATKA FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	SD	☐ DELETE
NAME	KIRBY, THELMA C	
STREET ADDRESS	110 CREEKSIDE RD.	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	PD	☐ DELETE
NAME	STREETS, ROSEMARY P	
STREET ADDRESS	312 WATER WAY AVE.	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	VD	☐ DELETE
NAME	GEARY, DAVID W	
STREET ADDRESS	108 FISHERMAN RD.	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	D	☐ DELETE
NAME	BURNNET, ERIC C	
STREET ADDRESS	317 FERN ST.	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	TD	☐ DELETE
NAME	KIRBY, DEBBIE	
STREET ADDRESS	STAR RT. 3, BOX 990	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	D	☐ DELETE
NAME	STREETS, RAYMOND D	
STREET ADDRESS	312 WATERWAY AVE.	
CITY-ST-ZIP	SAN MATEO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Kirby, Thelma C	
1.3 STREET ADDRESS	110 Creekside Rd	
1.4 CITY-ST-ZIP	San Mateo FL 32187	
2.1 TITLE	SD	☒ Change ☐ Addition
2.2 NAME	Streets, Rosemary	
2.3 STREET ADDRESS	312 Waterway Ave	
2.4 CITY-ST-ZIP	San Mateo FL 32187	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or 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: Thelma C. Kirby — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1-28-96 Date — Daytime Phone #

CR2E037 (12/95)