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Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
U.S. HIGHWAY 17 SOUTH P. O. BOX 694 SAN MATEO FL 32187  
U.S. HIGHWAY 17 SOUTH P. O. BOX 694 SAN MATEO FL 32187-0694

|                                |                     |                     |                     |  |  |                                       |  |
|--------------------------------|---------------------|---------------------|---------------------|--|--|---------------------------------------|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>04/28/1980  |  | 3a. Date of Last Report<br>02/07/1996 |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>59-1967981  |  | Applied For<br>Not Applicable         |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required        |  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | \$5.00 May Be Added to Fees           |  |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |  |

|   |  |  |  |  |  |    |    |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent       |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| FIELDS, ALAN B.<br>413 ST. JOHNS AVENUE<br>PALATKA FL |  |  |  | 81   | Name   |    |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|   |  |  |  | 83   |  |    |    |
|   |  |  |  | 84   | City   | FL | 85 |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | PD                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KIRBY, THELMA <i>TC</i> | 1.2 NAME  |   |
| STREET ADDRESS             | 110 CREEKSIDE ROAD      | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SAN MATEO FL            | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STREETS, ROSEMARY       | 2.2 NAME  |   |
| STREET ADDRESS             | 312 WATERWAY AVENUE     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SAN MATEO FL            | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GEARY, DAVID W          | 3.2 NAME  |   |
| STREET ADDRESS             | 108 FISHERMAN RD.       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SAN MATEO FL            | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BURNNET, ERIC C         | 4.2 NAME  |   |
| STREET ADDRESS             | 317 FERN ST.            | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SAN MATEO FL            | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KIRBY, DEBBIE           | 5.2 NAME  |   |
| STREET ADDRESS             | STAR RT. 3, BOX 990     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SATSUMA FL 32189        | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STREETS, RAYMOND D      | 6.2 NAME  |   |
| STREET ADDRESS             | 312 WATERWAY AVE.       | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SAN MATEO FL            | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing 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 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: *Alan B. Fields*

CR2E037 (9/96)