

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # 752205 (5)
1. Corporation Name
RIVERSIDE VOLUNTEER FIRE DEPARTMENT, INC.



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|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 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 |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------|--------------------------------------------|
| 3. Date Incorporated or Qualified 04/28/1980 | 4. FEI Number 59-1967981 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 6. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | |
|---------------------------------------------|----------------------------------|
| 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 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE PD | KIRBY, THELMA C 110 CREEKSIDE ROAD SAN MATEO FL | <input type="checkbox"/> DELETE | |
| TITLE SD | STREETS, ROSEMARY 312 WATERWAY AVENUE SAN MATEO FL | <input checked="" type="checkbox"/> DELETE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD | GEARY, DAVID W 108 FISHERMAN RD. SAN MATEO FL | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D | BURNNET, ERIC C 317 FERN ST. SAN MATEO FL | <input checked="" type="checkbox"/> DELETE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE TD | KIRBY, DEBBIE STAR RT. 3, BOX 990 SATSUMA FL 32189 | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D | STREETS, RAYMOND D 312 WATERWAY AVE. SAN MATEO FL | <input checked="" type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

| | | |
|------------------------|-----------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE SD | Streets, Rosemary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | RT.1 Box 130A | |
| 1.3 STREET ADDRESS | San Mateo, FL 32189 | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE D | Streets, Raymond SR. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | RT.1 Box 130A | |
| 2.3 STREET ADDRESS | San Mateo, FL 32189 | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE D | Walden, Thomas | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Star RT.2 Box 186 | |
| 3.3 STREET ADDRESS | Satsuma, FL 32189 | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE D | Walden, Sharon | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Star RT.2 Box 186 | |
| 4.3 STREET ADDRESS | Satsuma, FL 32189 | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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: *Joe D. Wilhelm* 3/15/98 904-325-1144

CR2E037 (10/97)