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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 752205

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1967981	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FIELDS, ALAN B. 413 ST. JOHNS AVENUE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY, THELMA C	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREETS, ROSEMARY	2.2 NAME	
STREET ADDRESS	RT 1., BOX 130A	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO FL 32189	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEARY, DAVID W	3.2 NAME	ANITA CURRY
STREET ADDRESS	108 FISHERMAN RD.	3.3 STREET ADDRESS	588 OLD SAN MATEO RD
CITY-ST-ZIP	SAN MATEO FL	3.4 CITY-ST-ZIP	SAN MATEO, FL 32189
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDEN, THOMAS	4.2 NAME	
STREET ADDRESS	STAR RT 2., BOX 186	4.3 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA FL 32189	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREETS, RAYMOND D	6.2 NAME	
STREET ADDRESS	RT 1., BOX 130A	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO FL 32189	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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 1-12-99
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)