


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 752205
1. Entity Name
RIVERSIDE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
**101 GAIL DRIVE
SAN MATEO, FL 32189**

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

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1967981 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FIELDS, ROBERT M
413 ST. JOHNS AVENUE
PALATKA, FL 32177**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIRBY, THELMA C
STREET ADDRESS	118 CREEKSIDE RD
CITY-ST-ZIP	SATSUMA, FL 32189
TITLE	VP
NAME	HARRIS, TAMMY
STREET ADDRESS	135 PALMETTO RD
CITY-ST-ZIP	SATSUMA, FL 32189
TITLE	T
NAME	ROY, JOSEPH
STREET ADDRESS	112 PINEWAY AVE
CITY-ST-ZIP	SATSUMA, FL 32189
TITLE	D
NAME	FARNSWORTH, DIANE
STREET ADDRESS	222 RABBIT TRACK
CITY-ST-ZIP	SATSUMA, FL 32189
TITLE	S
NAME	ROY, NORMA
STREET ADDRESS	112 PINEWAY
CITY-ST-ZIP	SATSUMA, FL 32189
TITLE	D
NAME	GROSSHOLZ, ROBERT
STREET ADDRESS	113 NAVAJO ST
CITY-ST-ZIP	SATSUMA, FL 32189

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01/18/06-80058-005 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Belinda G. Steybe* **BELINDA G. STEYBE** 7 JAN '06 (386) 328-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #