

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752205

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** RIVERSIDE VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

101 GAIL DRIVE  
SAN MATEO, FL 32189

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-1967981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEYBE, RAY  
110 RIVERSIDE WAY  
SAN MATEO, FL 32187 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HARRIS, TAMMY L  
Address: 102 CLEARWATER RD.  
City-St-Zip: SATSUMA, FL 32189

Title: VP  
Name: GROSSHOLZ, ANITA  
Address: 102 TROUPE RD.  
City-St-Zip: SAN MATEO, FL 32187

Title: BORD  
Name: ROY, JOSEPH  
Address: 112 PINEWAY AVE  
City-St-Zip: SATSUMA, FL 32189

Title: S  
Name: FARNSWORTH, DIANE  
Address: 222 RABBIT TRACK  
City-St-Zip: SATSUMA, FL 32189

Title: BORD  
Name: ROY, NORMA  
Address: 112 PINEWAY  
City-St-Zip: SATSUMA, FL 32189

Title: T  
Name: GROSSHOLZ, ROBERT  
Address: 102 TROUPE RD.  
City-St-Zip: SAN MATEO, FL 32187

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT GROSSHOLZ

T

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date