2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2009
Secretary of State

DOCUMENT# 752410

Entity Name: RIMA RIDGE VOLUNTEER FIREFIGHTERS ASSO., INC.

Current Principal Place of Business:

500 RODEO RD.
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

500 RODEO RD.
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 28-0000528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

O'BRIEN, JOHN M P
500 RODEO RD
ORMOND BEACH, FL 32174 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 ( ) Delete
Name: OBRIEN, JOHN M PRES
Address: 500 RODEO RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP ( ) Delete
Name: LEVIN, JOHN VP
Address: 500 RODEO RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: S ( ) Delete
Name: RADIGAN, IRENE SECTY
Address: 500 RODEO RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD ( ) Delete
Name: CARDONA,, RAYMOND TRES
Address: 500 RODEO ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: BLANK, DAVID D3
Address: 500 RODEO RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D2 ( ) Delete
Name: SEKULA, LISA D2
Address: 500 RODEO RD
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN M O'BRIEN PRES 01/24/2009

Electronic Signature of Signing Officer or Director — Date