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Feb 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766665 (4)

1. Corporation Name

NEW RIVER'S VOLUNTEER FIREFIGHTER'S ASSOCIATION,
INC.

Principal Place of Business

% VINCENZO CONSALO
1201 RIVERLAND RD.
FT. LAUDERDALE FL 33312-2939

Mailing Address

8730 N.W. 5TH ST.
#104
PLANTATION FL 33324-6534



3. Date Incorporated or Qualified
01/24/1983

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALIZIA, ANTHONY N
8730 N.W. 5TH ST.
#104
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD
NAME OWEN, TRAVIS C
STREET ADDRESS 138 SW 96 AVE
CITY-ST-ZIP PLANTATION FL 33324

TITLE PD
NAME RAUCH, LEONARD A
STREET ADDRESS 1461 S.W. 82ND AVE. #1425
CITY-ST-ZIP PLANTATION FL 33324

TITLE VD
NAME GALIZIA, ANTHONY N SR.
STREET ADDRESS 8730 NW 5TH STREET, #104
CITY-ST-ZIP PLANTATION FL 33324

TITLE SD
NAME OWEN, CAROL J
STREET ADDRESS 138 SW 96 AVE.
CITY-ST-ZIP PLANTATION FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PD
2.2 NAME Rauch, Leonard A.
2.3 STREET ADDRESS 1510 SW, 43 AVE.
2.4 CITY-ST-ZIP Ft. Lauderdale, FL. 33312

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-97

(954)452-2063

Date

Daytime Phone # 0037115

CR2E037 (9/96)