

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N02223 (8)

1. Corporation Name

RIVERVIEW-LAKE FOREST VOLUNTEER FIRE DEPARTMENT,
INC.



Principal Place of Business

Mailing Address

8835 WASHINGTON AVENUE
JACKSONVILLE FL 32208

8835 WASHINGTON AVENUE
JACKSONVILLE FL 32208

3. Date Incorporated or Qualified

03/27/1984

3a. Date of Last Report

07/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1156644

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

PARKER, HARRY
2527 BROWARD RD
JACKSONVILLE FL 32218

81 Name

Blair, William

82 Street Address (P.O. Box Number is Not Acceptable)

1119 E. 12th St.

83

84 City

Jax

FL

85

Zip Code

32208

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

8/4/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	PARKER, HARRY	
STREET ADDRESS	2527 BROWARD RD.	
CITY - ST - ZIP	JAX FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, TERRANCE	
STREET ADDRESS	830 LAUREL ST.	
CITY - ST - ZIP	JAX FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	JACKSON, GORDON A	
STREET ADDRESS	11025 KEY CORAL DR.	
CITY - ST - ZIP	JAX FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, JOHN	
STREET ADDRESS	7000 N. MAIN ST.	
CITY - ST - ZIP	JAX FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROUNTREE, MICHAEL	
STREET ADDRESS	911 ETHAN ALLEN ST.	
CITY - ST - ZIP	JAX FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAIR, WILLIAM	
STREET ADDRESS	1119 E. 12TH ST.	
CITY - ST - ZIP	JAX FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Blair, William	
1.3 STREET ADDRESS	1119 E. 12th St.	
1.4 CITY - ST - ZIP	Jax, FL 32208	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Parker, Harry	
2.3 STREET ADDRESS	2527 Broward Rd.	
2.4 CITY - ST - ZIP	Jax, FL 32218	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Williams, Terrance	
5.3 STREET ADDRESS	830 Laurel St.	
5.4 CITY - ST - ZIP	Jax, FL 32208	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jones Randy	
6.3 STREET ADDRESS	11291 Harts Rd #804	
6.4 CITY - ST - ZIP	Jax, FL 32218	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

8/4/96

(904)

Date

Daytime Phone #