


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02223** (8)

1. Corporation Name

RIVERVIEW-LAKE FOREST VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business 8835 WASHINGTON AVENUE JACKSONVILLE FL 32208	Mailing Address 8835 WASHINGTON AVENUE JACKSONVILLE FL 32208
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3. Date Incorporated or Qualified 03/27/1984
4. FEI Number 59-1156644
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
BLAIR, WILLIAM 1119 E. 12TH STREET JACKSONVILLE FL 32208	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 **WILLIAM BLAIR (PRESIDENT)** *William Blair* **3-27-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, WILLIAM	1.2 NAME	
STREET ADDRESS	1119 E. 12TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD PARKER, HARRY	2.2 NAME	
STREET ADDRESS	2527 BROWARD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TS JACKSON, GORDON A	3.2 NAME	JAMES CARROLL
STREET ADDRESS	11025 KEY CORAL DR.	3.3 STREET ADDRESS	2021 CATHEDRAL LANE
CITY-ST-ZIP	JAX FL	3.4 CITY-ST-ZIP	VULEE, FL. 32097
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WHITE, JOHN	4.2 NAME	TIMOTHY OLGES
STREET ADDRESS	7000 N. MAIN ST.	4.3 STREET ADDRESS	621 WEST 44th ST. APT. 84
CITY-ST-ZIP	JAX FL	4.4 CITY-ST-ZIP	JAX FL. 32208
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WILLIAM, TERRACE	5.2 NAME	
STREET ADDRESS	830 LAUREL STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JONES, RANDY	6.2 NAME	DAVID HOWELL
STREET ADDRESS	11291 HARTS ROAD	6.3 STREET ADDRESS	10157 ALLENE RD.
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	JAX. FL. 32219

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
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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 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: *Y* *James Carroll* **3-27-98** *(gsm)* **764-0414**

CP2E037 (10/97)