


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90116 012 ****61.25

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| | | | | | |
|--|------------------------|--|--|---|-----------------------|
| DOCUMENT # N03000005157 | | | |  | |
| 1. Entity Name NEW RIVER VOLUNTEER FIRE DEPARTMENT, INC. | | | | | |
| Principal Place of Business 20173 NW COUNTY RD 235 LAKE BUTLER, FL 32054 | | | Mailing Address 20173 NW COUNTY RD 235 LAKE BUTLER, FL 32054 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number NOT APPLICABLE | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| NIES, EDWIN 20173 NW COUNTY RD 235 LAKE BUTLER, FL 32054 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL | Zip Code |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | D |
| NAME | LOVE, JAMES C | | | NAME | Glenn Garber |
| STREET ADDRESS | 22580 NW COUNTY RD 235 | | | STREET ADDRESS | 20173 NW CR 235 |
| CITY-ST-ZIP | LAKE BUTLER, FL 32054 | | | CITY-ST-ZIP | Lake Butler, FL 32054 |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | |
| NAME | BROWNING, KENNETH J | | | NAME | |
| STREET ADDRESS | 20173 NW CR 235 | | | STREET ADDRESS | |
| CITY-ST-ZIP | LAKE BUTLER, FL 32054 | | | CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | |
| NAME | CAREN, ETHAN | | | NAME | |
| STREET ADDRESS | 20173 NW COUNTY RD 235 | | | STREET ADDRESS | |
| CITY-ST-ZIP | LAKE BUTLER, FL 32054 | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>James C. Love</i> | | March 31 06 James C. Love, Director | | 904-964-6773 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |