


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

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|--|--|---|---|--|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b>  |  |  |   | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| <b>DOCUMENT # N05158 (3)</b><br>1. Corporation Name<br><b>RIFLE RANGE VOLUNTARY FIRE DEPT. INC.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>118 NORTH RIFLE RANGE ROAD<br/>P.O. BOX 5007<br/>WINTER HAVEN FL 33880</b>   |  |   | Mailing Address<br><b>P.O. BOX 5007<br/>ELOISE FL 33880</b>   |  |  |
| 2. Principal Place of Business   |  | 2a. Mailing Address   |   | 3. Date Incorporated or Qualified<br><b>09/14/1984</b>   |  |
| 21 Suite, Apt. #, etc.   |  | 26 Suite, Apt. #, etc.  |   | 4. FEI Number<br><b>NOT APPLICABLE</b>   |  |
| 22 City & State  |  | 27 City & State   |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 23 Zip   |  | 28 Zip  |   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 24 Country   |  | 29 Country  |   | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 25   |  | 30  |   | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>HUNT, RANDALL R JR<br/>126 AVE. "A" EAST<br/>WAHNETA FL 33880</b>  |  |   | 10. Name and Address of New Registered Agent  |  |  |
|  |  |   | 81 Name <b>Foster, George M</b>   |  |  |
|  |  |   | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>1918 Rifle Range Rd.</b>  |  |  |
|  |  |   | 83  |  |  |
|  |  |   | 84 City <b>Wahnetta</b> FL 85 Zip Code <b>33880</b>   |  |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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.<br>SIGNATURE <b>George M. Foster</b> DATE <b>1-8-98</b><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> |  |   |   |  |  |
| 12. OFFICERS AND DIRECTORS   |  |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |  |
| TITLE <b>VD</b> <input type="checkbox"/> DELETE<br>NAME <b>HUNT, DENVER</b><br>STREET ADDRESS <b>170 VARNADOE RD.</b><br>CITY-ST-ZIP <b>WAHNETA FL 33880</b>   |  |   | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME <b>Same</b><br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP  |  |  |
| TITLE <b>S</b> <input checked="" type="checkbox"/> DELETE<br>NAME <b>PETERSON, ROBERT</b><br>STREET ADDRESS <b>117 6TH STREET WEST</b><br>CITY-ST-ZIP <b>WAHNETA FL 33880</b>  |  |   | 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME <b>Hunt, Randall Jr.</b><br>2.3 STREET ADDRESS <b>126 Ave "A" East</b><br>2.4 CITY-ST-ZIP <b>Wahnetta, FL 33880</b>      |  |  |
| TITLE <b>TD</b> <input type="checkbox"/> DELETE<br>NAME <b>FOSTER, GEORGE M</b><br>STREET ADDRESS <b>1918 RIFLE RANGE RD.</b><br>CITY-ST-ZIP <b>WAHNETA FL</b>   |  |   | 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME <b>Bridges, Melissa</b><br>3.3 STREET ADDRESS <b>802 Water Oaks Dr.</b><br>3.4 CITY-ST-ZIP <b>Winter Haven, FL 33880</b> |  |  |
| TITLE <b>PD</b> <input type="checkbox"/> DELETE<br>NAME <b>HUNT, RANDALL JR</b><br>STREET ADDRESS <b>126 AVE. "A" EAST</b><br>CITY-ST-ZIP <b>WAHNETA FL 33880</b>  |  |   | 4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME <b>Foster, George M</b><br>4.3 STREET ADDRESS <b>1918 Rifle Range Rd.</b><br>4.4 CITY-ST-ZIP <b>Wahnetta, FL 33880</b>   |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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: **George M. Foster** DATE **1-8-98** 941-324-7214

CR2E037 (10/97)