

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90016 038 ****61.25

DOCUMENT # N05158

1. Entity Name

RIFLE RANGE VOLUNTARY FIRE DEPT. INC.



Principal Place of Business

118 NORTH RIFLE RANGE ROAD
P.O. BOX 5007
WINTER HAVEN FL 33880

Mailing Address

P.O. BOX 5007
ELOISE FL 33880

24077263



MOORE CR2E037 (11/03)

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

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, GEORGE M
1918 RIFLE RANGE RD
WAHNETA FL 33880

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

George M. Foster

George M. Foster

5-17-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: VD
NAME: HUNT, DENVER
STREET ADDRESS: 170 VARNADOE RD.
CITY-ST-ZIP: WAHNETA FL 33880 ☐ Delete

TITLE: SD
NAME: HUNT, MELISSA
STREET ADDRESS: 802 WATER OAKS DR
CITY-ST-ZIP: WINTER HAVEN FL 33880 ☐ Delete

TITLE: PD
NAME: FOSTER, GEORGE M
STREET ADDRESS: 1918 RIFLE RANGE RD
CITY-ST-ZIP: WAHNETA FL 33880 ☐ Delete

TITLE: TD
NAME: DEHART, WILLIAM B
STREET ADDRESS: 420 4TH ST E
CITY-ST-ZIP: WINTER HAVEN FL 33880 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. 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 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:

George M. Foster

George M. Foster

5-17-04

863-324-7932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #