

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05158

FILED  
Jan 24, 2006  
Secretary of State

**Entity Name:** RIFLE RANGE VOLUNTARY FIRE DEPT. INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 5007  
ELOISE, FL 33880

**New Mailing Address:**

1918 RIFLE RANGE RD  
WINTER HAVEN, FL 33880

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOSTER, GEORGE M  
1918 RIFLE RANGE RD  
WAHNETA, FL 33880 US

**Name and Address of New Registered Agent:**

FOSTER, GEORGE M  
1918 RIFLE RANGE RD  
WINTER HAVEN, FL 33880 US

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.

SIGNATURE:

01/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SOWELL, JIMMY  
Address: 116 7TH STREET WEST  
City-St-Zip: WAHNETA, FL 33880

Title: SD ( ) Delete  
Name: ROWELL, CURT  
Address: 127 BOMBER RD  
City-St-Zip: WINTER HAVEN, FL 33880

Title: PD ( ) Delete  
Name: FOSTER, GEORGE M  
Address: 1918 RIFLE RANGE RD  
City-St-Zip: WAHNETA, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE FOSTER

PD

01/24/2006

Electronic Signature of Signing Officer or Director

Date