

DOCUMENT# N05158

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:

118 NORTH RIFLE RANGE ROAD
WINTER HAVEN, FL 33880

Current Mailing Address:

1918 RIFLE RANGE RD
WINTER HAVEN, FL 33880

New Mailing Address:

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
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

02/12/2007

Electronic Signature of Signing Officer or Director

Date _____