2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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07-15-2008 90060 013 ****70.00
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 22 PM 12:52

DOCUMENT # N07000003760

1. Entity Name
RIVERSINK VOLUNTEER FIRES RESCUE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
491 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327	PO BOX 490 CRAWFORDVILLE, FL 32326

07082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	491 Crawfordville Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Crawfordville, FL
Zip / Country	Zip: 32327 / Country: Wakulla

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELTGEN, JIM
46 CRESTWOOD DR
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

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 _____ 07/08/08
Signature required or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FELTGEN, JIM 46 CRESTWOOD DR CRAWFORDVILLE, FL 32327	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MEADOWCROFT, SHAWNA 320 HILLIARDVILLE RD CRAWFORDVILLE, FL 32327	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KOSSMAN Pat 65 Guy STRICKLAND RD CRAWFORDVILLE Fla 32327 [X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BEAUCHAMP, MIKE 933 WHIDDON LAKE RD CRAWFORDVILLE, FL 32327	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	b Matthew Ainsworth 202 Woodland ~~Heritage~~ Heritage Blvd Crawfordville Fla 32327 [X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T AINSWORTH, DONNA 202 WOODLAND HERITAGE BLVD CRAWFORDVILLE, FL 32327	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARIES, MICHAEL 338 GUY STRICKLAND RD CRAWFORDVILLE, FL 32327	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOSSMAN, PAT 65 GUY STRICKLAND RD CRAWFORDVILLE, FL 32327	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 8/22/08 [ ] Change [ ] Addition

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: _____ Jim Feltgen 07/08/08 850-926-2086 850-5707503
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #