

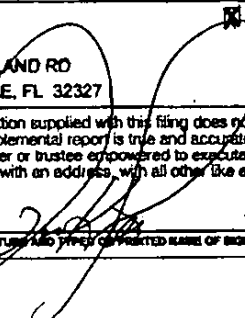
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

07-15-2008 90060 013 *****70.00

N07000003760

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 491 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327		Mailing Address PO BOX 490 CRAWFORDVILLE, FL 32326	
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	Country
32327		32327	USA
4. FEI Number		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
07082008 Chg-NP		CR2E037 (12/06)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FELTGEN, JIM 46 CRESTWOOD DR CRAWFORDVILLE, FL 32327		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		DATE 07/08/08	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOSSMAN Pat 65 GUY STRICKLAND RD CRAWFORDVILLE FL 32327 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEAUCHAMP, MIKE 933 WHIDDEN LAKE RD CRAWFORDVILLE, FL 32327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	b MATTHEW AINSWORTH 202 WOODLAND HERITAGE BLVD Crawfordville FL 32327 ☒ 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 ☒ 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: 		DATE: 07/08/08	
SIGNATURE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR		DAYTIME PHONE #	
JIM FELTGEN		826-2086 850-5707503	