

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003760

FILED
Apr 30, 2009
Secretary of State

Entity Name: RIVERSINK VOLUNTEER FIRES RESCUE DEPARTMENT, INC.

Current Principal Place of Business:

491 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

491 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FELTGEN, JIM
46 CRESTWOOD DR
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

RIVERSINK VOLUNTEER FIRE RESCUE DEPARTMENT
491 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327 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: WES COLEMAN

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FELTGEN, JIM
Address: 46 CRESTWOOD DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V () Delete
Name: KOSSMAN, PAT
Address: 65 GUY STRICKLAND ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: AINSWORTH, MATHEW
Address: 202 WOODLAND HERTIAGE TRAIL
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: AINSWORTH, DONNA
Address: 202 WOODLAND HERITAGE BLVD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: ARIES, MICHAEL
Address: 338 GUY STRICKLAND RD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BEAUCHAMP, MIKE
Address: 933 WHIDDON LAKE RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V (X) Change () Addition
Name: FELTGEN, JIM
Address: 46 CRESTWOOD DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S (X) Change () Addition
Name: KOSSMAN, PAT
Address: 65 GUY STRICKLAND RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: D (X) Change () Addition
Name: AINSWORTH, MATTHEW
Address: 202 WOODLAND HERITAGE BLVD
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify 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: DONNA AINSWORTH

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date