

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19959

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: RIVER ROAD COMMUNITY VOLUNTEER FIRE DEPARTMENT INC.

**Current Principal Place of Business:**

3368 HENRY LEE RD  
HILLIARD, FL 32046

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5030  
CALLAHAN, FL 32011

**New Mailing Address:**

FEI Number: 59-2877649      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

GEIGER, SANDRA  
22717 COUNTY ROAD 121  
HILLIARD, FL 32046      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: FC      ( ) Delete  
Name: BENNETT, L J  
Address: 3284 BARBARA LANE  
City-St-Zip: HILLIARD, FL 32046

Title: DS      ( ) Delete  
Name: BENNETT, HELEN  
Address: 3284 BARBARA LANE  
City-St-Zip: HILLIARD, FL 32046

Title: T      ( ) Delete  
Name: ROWELL, SHIRLEY  
Address: 20212 GRANNY LN  
City-St-Zip: HILLIARD, FL 32046

Title: D      ( ) Delete  
Name: SOFGE, BEN  
Address: 2707 JANE LANE  
City-St-Zip: HILLIARD, FL 32046

Title: VP      ( ) Delete  
Name: FINCHAM, JOHN  
Address: 25356 CR 121  
City-St-Zip: HILLIARD, FL 32046

Title: D      ( ) Delete  
Name: HURST, SANDRA  
Address: 6108 RIVER ROAD  
City-St-Zip: HILLIARD, FL 32046

**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:

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 Section 119.07(3)(i), 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: L. J. BENNETT

FC

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date