

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19959

FILED
Apr 22, 2009
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 ()

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: VP (X) Change () Addition
Name: SOFGE, BEN
Address: 2707 JANE LANE
City-St-Zip: HILLIARD, FL 32046

Title: D (X) Change () Addition
Name: OSTERHOYT, DELBERT
Address: 16857 OAKHILL ROAD
City-St-Zip: HILLIARD, FL 32046

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

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: SHIRLEY ROWELL

T

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date