

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N28487 (9)**

1. Corporation Name

**NORTH RIVER FIREFIGHTERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1225 14TH AVENUE WEST  
PALMETTO FL 34221**

**1225 14TH AVENUE WEST  
PALMETTO FL 34221**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country

24 Zip 25 Country

28 Zip 29 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**09/22/1988**

3a. Date of Last Report

**02/06/1995**

4. FEI Number

**65-0073805**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**GLENFIELD, WAYNE  
1225 - 14TH AVE., W.  
PALMETTO FL 34221**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLENFIELD, WYANE	
STREET ADDRESS	1225 14TH AVE. W.	
CITY-ST-ZIP	PALMETTO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	POYNTER, MICHAEL W	
STREET ADDRESS	1225 14TH AVE W	
CITY-ST-ZIP	PALMETTO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, RICHARD R	
STREET ADDRESS	1225 14TH AVE W	
CITY-ST-ZIP	PALMETTO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PAUL, RUSSELL S	
STREET ADDRESS	1225 14TH AVE W	
CITY-ST-ZIP	PALMETTO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Glenfield, Wayne	
1.3 STREET ADDRESS	1225 14th Ave. W.	
1.4 CITY-ST-ZIP	Palmetto, FL 34221	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Brooks, Michael D.	
2.3 STREET ADDRESS	1225 14th Ave. W.	
2.4 CITY-ST-ZIP	Palmetto, FL 34221	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tim A. Hadlock	
3.3 STREET ADDRESS	1225 14th Ave. W.	
3.4 CITY-ST-ZIP	Palmetto, FL 34221	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Richard R. Wood	
4.3 STREET ADDRESS	1225 14th Ave. W.	
4.4 CITY-ST-ZIP	Palmetto, FL 34221	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Wayne Glenfield*

Wayne Glenfield

2/6/96

(941) 722-3331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)