

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 25 1997 8:00am
Secretary of State

DOCUMENT # **N28487** (9)

1. Corporation Name

NORTH RIVER FIREFIGHTERS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1988

3a. Date of Last Report

03/26/1996

4. FEI Number

65-0073805

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

23. City & State

23

27. City & State

27

24. Zip

24

Country

25

Zip

29

Country

30

g. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PO
GLENFIELD, WYANE
1225 14TH AVE. W.
PALMETTO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
BROOKS, MICHAEL D
1225 14TH AVE. W.
PALMETTO FL 34221**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
HADLOCK, TIM A
1225 14TH AVE. W.
PALMETTO FL 34221**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
WOOD, RICHARD R
1225 14TH AVE. W.
PALMETTO FL 34221**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

07/21/97

(941) 722-3331

CR2E037 (4/97)