

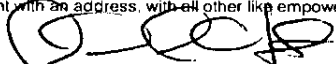


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90071 038 \*\*\*\*61.25

<b>DOCUMENT # N94000001825</b>					
1. Entity Name ROCK BLUFF COMMUNITY VOLUNTEER FIRE DEPARTMENT INC.					
Principal Place of Business 6925 NW TORREYA PARK RD. BRISTOL, FL 32321 US			Mailing Address 6925 NW TORREYA PARK RD. BRISTOL, FL 32321 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3250814	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CUTSHAW, STEVEN A 3437 NW TORREYA PARK ROAD BRISTOL, FL 32321			Name <u>MIKE MCGLOCKTON</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>4030 NW BETHEL RD</u>		
			City <u>BRISTOL</u> FL		Zip Code <u>32321</u>
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		SECRETRES		MAY 1, 2007	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTSHAW, STEVEN A		NAME	BILL ANDERSON	
STREET ADDRESS	3437 NW TORREYA PARK ROAD		STREET ADDRESS	6921 TORREYA PARK RD (NW)	
CITY-ST-ZIP	BRISTOL, FL 32321		CITY-ST-ZIP	BRISTOL, FL 32321	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, ALEX		NAME	JOE BRINSON SR.	
STREET ADDRESS	6245 NW TORREYA PARK RD		STREET ADDRESS	4149 BETHEL RD (NW)	
CITY-ST-ZIP	BRISTOL, FL 32321		CITY-ST-ZIP	BRISTOL FL 32321	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMER, ELIZABETH		NAME	MIKE MCGLOCKTON	
STREET ADDRESS	14972 NW PHILLIPS RD		STREET ADDRESS	4030 NW BETHEL RD	
CITY-ST-ZIP	BRISTOL, FL 32321		CITY-ST-ZIP	BRISTOL FL 32321	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTAKER, STANLEY		NAME	KEEP	
STREET ADDRESS	6294 NW TORREYA PARK RD		STREET ADDRESS		
CITY-ST-ZIP	BRISTOL, FL 32321		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKWITH, STACEY		NAME	LYNN MONSON	
STREET ADDRESS	3124 NW SIDNEY BECKWITH RD		STREET ADDRESS	4257 NW BETHEL RD	
CITY-ST-ZIP	BRISTOL, FL 32321		CITY-ST-ZIP	BRISTOL, FL 32321	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, KEVER		NAME	KEEP	
STREET ADDRESS	P.O. BOX 73A		STREET ADDRESS		
CITY-ST-ZIP	BRISTOL, FL 32321		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		SECRETARY		MAY 1, 2007	
Signature typed or printed name of signing officer or director				Date	

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