


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90013 003 ****61.25

DOCUMENT # N94000001825 1. Entity Name ROCK BLUFF COMMUNITY VOLUNTEER FIRE DEPARTMENT INC.	
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Principal Place of Business 6925 NW TORREYA PARK RD. BRISTOL, FL 32321 US	Mailing Address 6925 NW TORREYA PARK RD. BRISTOL, FL 32321 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02052008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent MCGLOCKTON, MIKE 4030 NW BETHEL RD. BRISTOL, FL 32321	7. Name and Address of New Registered Agent Name <i>Bill Anderson</i> Street Address (P.O. Box Number is Not Acceptable) <i>6963 N.W. Torrey Park Rd</i> City <i>Bristol, FL</i> State FL Zip Code <i>32321</i>
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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 *William D Anderson* *William D Anderson* 3-14-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ANDERSON, BILL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, BILL	NAME	
STREET ADDRESS	6921 TORREYA PARK DR. NW	STREET ADDRESS	
CITY-ST-ZIP	BRISTOL, FL 32321	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINSEN, JOE SR.	NAME	
STREET ADDRESS	4149 BETHEL RD. NW	STREET ADDRESS	
CITY-ST-ZIP	BRISTOL, FL 32321	CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLOCKTON, MIKE	NAME	<i>T Miller, Manning</i>
STREET ADDRESS	4030 NW BETHEL RD.	STREET ADDRESS	<i>6209 Torrey Park Rd</i>
CITY-ST-ZIP	BRISTOL, FL 32321	CITY-ST-ZIP	<i>Bristol, FL, 32321</i>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTAKER, STANLEY	NAME	
STREET ADDRESS	6294 NW TORREYA PARK RD	STREET ADDRESS	
CITY-ST-ZIP	BRISTOL, FL 32321	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONSON, LYNN	NAME	<i>S Monson, Lynn</i>
STREET ADDRESS	4257 NW BETHEL RD.	STREET ADDRESS	<i>4257 NW Bethel Rd</i>
CITY-ST-ZIP	BRISTOL, FL 32321	CITY-ST-ZIP	<i>Bristol, FL, 32321</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, KEVER	NAME	
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: *William D Anderson* *William D Anderson* 3-14-08 850-643-2799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #