2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001825

FILED Apr 08, 2009 Secretary of State

Entity Name: ROCK BLUFF COMMUNITY VOLUNTEER FIRE DEPARTMENT INC.

Current Principal Place of Business: New Principal Place of Business: 6925 NW TORREYA PARK RD. BRISTOL, FL 32321 **Current Mailing Address: New Mailing Address:** 6925 NW TORREYA PARK RD. BRISTOL, FL 32321 FEI Number: 59-3250814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDERSON, BILL ANDERSON, BILL 6963 NW TERRYN PARK RD 6963 NW TORREYA PARK RD BRISTOL, FL 32321 BRISTOL, FL 32321 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: 04/08/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ANDERSON, BILL ANDERSON, BILL Name: Name: 6921 TORREYA PARK DR. NW Address: 6921 TORREYA PARK RD. NW Address: City-St-Zip: BRISTOL, FL 32321 City-St-Zip: BRISTOL, FL 32321 (X) Change () Addition Title: () Delete Title: BRINSEN, JOE SR. Name: Name: MILLER, MANNING Address: 4149 BETHEL RD. NW Address: 6209 NW TORREYA PARK RD City-St-Zip: BRISTOL, FL 32321 City-St-Zip: BRISTOL, FL 32321 Title: () Delete Title: (X) Change () Addition MILLER, MANNING JOINER, PAMELA Name: Name: 6209 TORREYA PARK RD Address: Address: 11251 NW SR12 City-St-Zip: BRISTOL, FL 32321 City-St-Zip: BRISTOL, FL 32321 Title: () Delete Title: () Change () Addition Name: MUNSON, LYNN Name: Address: 4257 NW BETHEL RD Address: City-St-Zip: BRISTOL, FL 32321 City-St-Zip: Title: () Delete Title: () Change () Addition LOGAN, KEVER Name: Name: P.O.BOX 73A Address: Address: City-St-Zip: BRISTOL, FL 32321 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: MANNING MILLER VP 04/08/2009