

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003799

FILED  
May 05, 2006  
Secretary of State

**Entity Name:** RIVER CITY FIRE MINISTRIES, INC.

**Current Principal Place of Business:**

5671 BEACH BLVD.  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 350953  
JACKSONVILLE, FL 32235

**New Mailing Address:**

**FEI Number:** 59-3211185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RIGGLEMAN, CHARLES  
1822 BUCKRIDGE RD.  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RIGGLEMAN, CHARLES E  
Address: 1822 BUCKRIDGE RD.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD ( ) Delete  
Name: ELIA, PAUL D  
Address: 12773 GLADE SPRING DR. S  
City-St-Zip: JACKSONVILLE, FL 32246

Title: ST ( ) Delete  
Name: RIGGLEMAN, SUSAN  
Address: 1822 BUCKRIDGE RD.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: T ( ) Delete  
Name: MALVERT, JULIO  
Address: 9820 CREEKFRONT RD. #205  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: WRIGHT, MIKE  
Address: 1382 BROOKWOOD FOREST BLVD #808W  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES RIGGLEMAN

PD

05/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date