2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N95000003799

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 (X)**

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: WRIGHT, MIKE
Address: 1382 BROOKWOOD FOREST BLVD #808W
City-St-Zip: JACKSONVILLE, FL 32225

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

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 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 04/30/2009

Electronic Signature of Signing Officer or Director — Date