

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90089 042 ****70.00

DOCUMENT # 724212

1. Entity Name
**THE CITRA IMPROVEMENT SOCIETY AND VOLUNTEER
FIREARTMENT, INC
FIRE DEPARTMENT**



Principal Place of Business
2189 NE 180TH LANE
P.O. BOX 236
CITRA, FL 32113

Mailing Address
2189 NE 180TH LANE
P.O. BOX 236
CITRA, FL 32113

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1802491

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSTANIK, SUSAN M
1751 E. HWY 318
CITRA, FL 32113

(Hwy)

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 D ☒ Delete
NAME CROSBY, W.J.
STREET ADDRESS 4215 E CO RD 318
CITY-ST-ZIP CITRA, FL 32113

TITLE D ☐ Change ☒ Addition
NAME WILLIAM S. WARD
STREET ADDRESS 5215 E HWY 318
CITY-ST-ZIP CITRA FL 32113

TITLE PD ☐ Delete
NAME MCGEE, JOHN S (CHMN)
STREET ADDRESS 1 1/2 ML W CITRA SR 318
CITY-ST-ZIP CITRA, FL 32113

TITLE D ☐ Change ☒ Addition
NAME CHARLES W PERRY
STREET ADDRESS 2310 NE 185 PL
CITY-ST-ZIP CITRA FL 32113

TITLE D ☐ Delete
NAME MEDEMA, KAREN S
STREET ADDRESS 18100 NW 19 COURT
CITY-ST-ZIP CITRA, FL 32113

TITLE D ☐ Change ☒ Addition
NAME EDWARD L BAGLEY
STREET ADDRESS 2165 NE 184 ST
CITY-ST-ZIP CITRA FL 32113

TITLE STD ☐ Delete
NAME OSTANIK, SUSAN M
STREET ADDRESS 1751 E. CR 318R 318
CITY-ST-ZIP CITRA, FL 32113

TITLE PD ☒ Change ☐ Addition
NAME JOHN S MCGEE
STREET ADDRESS 18420 NE 5TH Terr Rd
CITY-ST-ZIP CITRA FL 32113

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Change ☐ Addition
NAME SUSAN M OSTANIK
STREET ADDRESS 1751 E HWY 318
CITY-ST-ZIP CITRA FL 32113

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME MAGGIE BURLESON
STREET ADDRESS 3591 E HWY 318
CITY-ST-ZIP CITRA FL 32113

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: *Karen E Medema*

KAREN E MEDEMA

4-30-2007

352595-3991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #