

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 709766

1. Entity Name
**CHASSAHOWITZKA VOLUNTEER FIRE DEPARTMENT,
INC.**



Principal Place of Business
**10300 SOUTH RIVIERA DRIVE
HOMOSASSA, FL 34448 US**

Mailing Address
**10300 SOUTH RIVIERA DRIVE
HOMOSASSA, FL 34448 US**



01102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1831590

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHUMACHER, MATT
74 SWEETGUM CT. S.
HOMOSASSA, FL 34446**

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000731455
01/23/08-80074-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHUMACHER, MATT
STREET ADDRESS	24 SWEETGUM CT. S.
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	VD
NAME	WILIAMS, LUCAS
STREET ADDRESS	21 DOUGLAS ST.
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	D
NAME	JAMES, DENISE
STREET ADDRESS	8167 W SOUTHAMPTON CT
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	D
NAME	GALLAHAN, RANDY
STREET ADDRESS	14035 HURRICANE DR
CITY-ST-ZIP	BROOKSVILLE, FL 34614
TITLE	TSD
NAME	BARAN, CHARLES
STREET ADDRESS	3 BLUE BEECH CT
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #