

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709766

FILED
Feb 28, 2009
Secretary of State

Entity Name: CHASSAHOWITZKA VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

10300 SOUTH RIVIERA DRIVE
HOMOSASSA, FL 34448 US

New Principal Place of Business:

Current Mailing Address:

10300 SOUTH RIVIERA DRIVE
HOMOSASSA, FL 34448 US

New Mailing Address:

FEI Number: 59-1831590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JAMES, DENISE E
8167 W. SOUTHAMPTON CT
HOMOSASSA, FL 34448 US

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: DENISE E, JAMES

02/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHUMACHER, MATT
Address: 24 SWEETGUM CT. S.
City-St-Zip: HOMOSASSA, FL 34446

Title: VD () Delete
Name: WILLIAMS, LUCAS
Address: 21 DOUGLAS ST.
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: JAMES, DENISE
Address: 8167 W SOUTHAMPTON CT
City-St-Zip: HOMOSASSA, FL 34448

Title: D () Delete
Name: GALLAHAN, RANDY
Address: 14035 HURRICANE DR
City-St-Zip: BROOKSVILLE, FL 34614

Title: TSD (X) Delete
Name: BARAN, CHARLES
Address: 3 BLUE BEECH CT
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: JAMES, DENISE E
Address: 8167 W. SOUTHAMPTON CT.
City-St-Zip: HOMOSASSA, FL 34448

Title: VD (X) Change () Addition
Name: LAGRUA, DAVID
Address: 11156 LAGRUA RD.
City-St-Zip: WEEKI WACHEE, FL 34614

Title: D (X) Change () Addition
Name: BARAN, CHARLES
Address: 3 BLUE BEECH CT
City-St-Zip: HOMOSASSA, FL 34446

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: DENISE E. JAMES

PST

02/28/2009

Electronic Signature of Signing Officer or Director

Date