

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727889** (8)

1. Corporation Name

THE PASCO VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

**34212 CNTY RD. 44B
EUSTIS FL 32726-7217
US**

**34212 CNTY RD. 44B
EUSTIS FL 32726-7217
US**



3. Date Incorporated or Qualified **10/29/1973** 3a. Date of Last Report **05/22/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-6520770	Applied For <input type="checkbox"/> Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENDRICKS, DOUGLAS W
2908 GARDEN RD
2506 CHERRY BLOSSOM CT.
EUSTIS FL 32726**

81 Name **Christopher Croughwell**
82 Street Address (P.O. Box Number is Not Acceptable)
34212 CR 44 B
83
84 City **Eustis** FL 85 Zip Code **32726**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Christopher Croughwell* president **Christopher Croughwell, president** 7-2-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	HENDRICKS, DOUGLAS W	1.2 NAME	Christopher Croughwell
STREET ADDRESS	2506 CHERRY BLOSSOM CT	1.3 STREET ADDRESS	34212 CR 44 B
CITY - ST - ZIP	EUSTIS FL	1.4 CITY - ST - ZIP	EUSTIS FL 32726
TITLE	TD	2.1 TITLE	Vice President
NAME	SUCHER, RONALD E	2.2 NAME	Timothy Roberts
STREET ADDRESS	18924 BATES AV	2.3 STREET ADDRESS	1200 Overlook Rd.
CITY - ST - ZIP	EUSTIS FL	2.4 CITY - ST - ZIP	EUSTIS, FL 32726
TITLE	SD <i>Secretary</i>	3.1 TITLE	ST TREASURER
NAME	MASTERTON, GEORGE K.	3.2 NAME	STEVEN LA FLEUR
STREET ADDRESS	2130 SOUTHLAND RD.	3.3 STREET ADDRESS	2603 GABLES DRIVE
CITY - ST - ZIP	MT DORA FL	3.4 CITY - ST - ZIP	EUSTIS, FL 32726
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	800001905898
NAME		5.2 NAME	-07/26/96--01075--008
STREET ADDRESS		5.3 STREET ADDRESS	***61.25
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christopher Croughwell*

7-2-96

352 589-1211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)