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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729474 (7)
1. Corporation Name
CITRUS SPRINGS VOLUNTEER FIRE COMPANY, INC.

Principal Place of Business Mailing Address
9515 N. CITRUS SPRINGS BLVD.
CITRUS SPRINGS FL 34434
US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/25/1974 3a. Date of Last Report 02/02/1994
4. FEI Number 23-7378553 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CREAMER, JAMES E
4591 N LENA DR
BEVERLY HILLS FL 34465

10. Name and Address of New Registered Agent
81 Name RALPH H HANSON JR
82 Street Address (P.O. Box Number is Not Acceptable) 7191 N. HEATHER
83 CITRUS SPRINGS FL
84 City
85 Zip Code FL 34433

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Ralph H. Hanson Jr* DATE 2-20-95
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CREAMER, JAMES E
STREET ADDRESS	4591 N LENA DR
CITY - ST - ZIP	BEVERLY HILL FL
TITLE	SD
NAME	RIENSTRA, HAZEL
STREET ADDRESS	9036 N.ARCADIA WAY
CITY - ST - ZIP	CITRUS SPRINGS, FL 00000
TITLE	TD
NAME	THOMAS, ALEX R.
STREET ADDRESS	2393 WEST FAIRWAY LOOP
CITY - ST - ZIP	CITRUS SPRGS, FL 00000
TITLE	D
NAME	KING, NORMAN
STREET ADDRESS	2395 SNOWY EGRET PLACE
CITY - ST - ZIP	CITRUS SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RALPH H HANSON JR	
1.3 STREET ADDRESS	7191 N. HEATHER	
1.4 CITY - ST - ZIP	CITRUS SPRINGS FL 34433	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARLENE K. PETELLAT	
2.3 STREET ADDRESS	6173 N. RED FERN TERR	
2.4 CITY - ST - ZIP	BEVERLY HILLS, FL 34465	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(b), 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: *Marlene K. Petellat* DATE: 2/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARLENE K. PETELLAT