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Mar 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

3. Date Incorporated or Qualified 04/25/1974  
3a. Date of Last Report 02/08/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 23-7378553 Applied For Not Applicable  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24 Zip Country 29 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANSON, RALPH H  
7191 N.HEATHER  
CITRUS SPRINGS FL 34465

81 Name POSA, PASQUALE  
82 Street Address (P.O. Box Number is Not Acceptable) 2075 W DEVON  
83  
84 City CITRUS SPRINGS FL 85 Zip Code 34434

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 PASQUALE POSA, PRESIDENT Date

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names and addresses for Hanson, Fitzgerald, Thomas, and King.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: NORMAN KING Date 352-489-9600

CR2E037 (9/96)