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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	9515 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS FL 34434 US

3. Date Incorporated or Qualified: 04/25/1974
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent
PASQUALE, POSA
2075 W DEVON
CITRUS SPRINGS FL 34434

10. Name and Address of New Registered Agent
81 Name: CLIFF MCCARLEY
82 Street Address (P.O. Box Number is Not Acceptable): 2143 W GREEN WAY PL.
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 X Cliff E. McCarley — Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE 6-1-98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	PASQUALE, POSA		1.2 NAME	CLIFF MCCARLEY	
STREET ADDRESS	2075 W DEVON		1.3 STREET ADDRESS	2143 W GREEN WAY PL	
CITY-ST-ZIP	CITRUS SPRINGS FL		1.4 CITY-ST-ZIP	CITRUS SPRINGS FL. 34434	
TITLE	SD	☒ DELETE	2.1 TITLE	SEC.	☐ Change ☒ Addition
NAME	FITZGERALD, VIRGINIA H		2.2 NAME	DOUG SMUTKO	
STREET ADDRESS	2951 BEAMWOOD DR		2.3 STREET ADDRESS	5157 N CORALWOOD	
CITY-ST-ZIP	BEVERLY HILLS FL		2.4 CITY-ST-ZIP	BEVERLY HILLS, FL. 34465	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, ALEX R.		3.2 NAME		
STREET ADDRESS	2393 WEST FAIRWAY LOOP		3.3 STREET ADDRESS		
CITY-ST-ZIP	CITRUS SPRGS, FL 00000 34434		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KING, NORMAN		4.2 NAME		
STREET ADDRESS	2395 SNOWY EGRET PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CITRUS SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARY GLAZER		5.2 NAME		
STREET ADDRESS	9139 N HAWKWEED DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	Citrus Springs, FL 34433		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHN Rienstra		6.2 NAME		
STREET ADDRESS	9036 N ARCADIA DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	Citrus Springs, FL 34434		6.4 CITY-ST-ZIP		

14. I 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 [illegible]

CR2E037 (10/97)