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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729474 (7)

1. Corporation Name
CITRUS SPRINGS VOLUNTEER FIRE COMPANY, INC.



Principal Place of Business 8515 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS FL 34434 US	Mailing Address 8515 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS FL 34434 US
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3. Date Incorporated or Qualified 04/25/1974	
4. FEI Number 23-7378553	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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 GREENWAY 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 *Cliff McCarley* DATE **6-1-98**

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	<input checked="" type="checkbox"/> DELETE
NAME PASQUALE, POSA	
STREET ADDRESS 2075 W DEVON	
CITY-ST-ZIP CITRUS SPRINGS FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME FITZGERALD, VIRGINIA H	
STREET ADDRESS 2951 BEAMWOOD DR	
CITY-ST-ZIP BEVERLY HILLS FL	
TITLE D	<input type="checkbox"/> DELETE
NAME THOMAS, ALEX R.	
STREET ADDRESS 2393 WEST FAIRWAY LOOP	
CITY-ST-ZIP CITRUS SPRGS, FL 0000 34434	
TITLE TD	<input type="checkbox"/> DELETE
NAME KING, NORMAN	
STREET ADDRESS 2395 SNOWY EGRET PLACE	
CITY-ST-ZIP CITRUS SPRINGS FL	
TITLE MD	<input type="checkbox"/> DELETE
NAME MARY GLAZER	
STREET ADDRESS 9139 N HAWKWEED DR	
CITY-ST-ZIP CITRUS SPRINGS, FL 34433	
TITLE MD	<input type="checkbox"/> DELETE
NAME JOHN Rienstra	
STREET ADDRESS 9036 N ARCADIA DR	
CITY-ST-ZIP CITRUS SPRINGS, FL 34434	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME CLIFF MCCARLEY	
1.3 STREET ADDRESS 2143 W GREENWAY PL	
1.4 CITY-ST-ZIP CITRUS SPRINGS FL 34434	
2.1 TITLE SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME DOUG SMUTKO	
2.3 STREET ADDRESS 5157 N CORALWOOD	
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 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 *Cliff McCarley* DATE **6-1-98**

CR2E037 (10/97)