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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90212 008 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 729474

1. Corporation Name

CITRUS SPRINGS VOLUNTEER FIRE COMPANY, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

MCCARLEY, CLIFF
 2143 W GREENWAY PL
 CITRUS SPRINGS FL 34434

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P DELETE

NAME MCCARLEY, CLIFF
 STREET ADDRESS 2143 W GREENWAY PL
 CITY-ST-ZIP CITRUS SPRINGS FL 34434

TITLE S DELETE

NAME MUTKO, DOUG S
 STREET ADDRESS 5157 N CORALWOOD
 CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE D DELETE

NAME THOMAS, ALEX R.
 STREET ADDRESS 2393 WEST FAIRWAY LOOP
 CITY-ST-ZIP CITRUS SPRGS, FL 00000

TITLE TD DELETE

NAME KING, NORMAN
 STREET ADDRESS 2395 SNOWY EGRET PLACE
 CITY-ST-ZIP CITRUS SPRINGS FL

TITLE D DELETE

NAME GLAZER, MARY
 STREET ADDRESS 9139 N HAWKWEED DRIVE
 CITY-ST-ZIP CITRUS SPRINGS FL 34433

TITLE D DELETE

NAME RIENSTRA, JOHN
 STREET ADDRESS 9036 N ARCADIA DRIVE
 CITY-ST-ZIP CITRUS SPRINGS FL 34434

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *NORMAN KING* 4-21-99 352-489-9600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)