2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # 729474** 1. Entity Name 04-19-2004 90731 019 ****61.25 CITRUS SPRINGS VOLUNTEER FIRE COMPANY, INC. Principal Place of Business Mailing Address 9515 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS FL 34434 9515 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS FL 34434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 23-7378553 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOZIER, CHRIS Street Address (P.O. Box Number is Not Acceptable) 2871 W CRYPESS DR DUNNELLON FL 34433 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change Addition DOZIER, CHRIS NAME NAME 2871 W CYPRESS DR STREET ADDRESS STREET ADDRESS **DUNNELLON FL 34433** CITY-ST-ZIP CITY-ST-7(P Delete TITLE TITLE ☐ Change Addition PETELLAT, MARLENE NAME NAME L173 N REDFERN TR STREET ADDRESS STREET ADDRESS **BEVERLY HILLS FL 34465** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HAWKINS, MERRIL NAME NAME 9353 N CITRUE SPGS BLVD STREET ADDRESS STREET ADDRESS CITRUS SPGS FL 34434 CITY-ST-ZIP CITY-ST-ZIP TIS TITLE ☐ Delete TITLE Change ☐ Addition KING, NORMAN NAME 2395 SNOWY EGRET PLACE STREET ADDRESS STREET ADDRESS CITRUS SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition GLAZER, MARY NAME NAME 9139 N HAWKWEED DRIVE STREET ADDRESS STREET ADDRESS CITRUS SPRINGS FL 34433 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SLOANE, KRITIAN NAME NAME 1868 W RUTLAND DR STREET ADDRESS STREET ADDRESS CITRUS SPGS FL 34434 CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: NORMAN KING TO MONO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. 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 report or supplemental 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 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered.