


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90034 012 ****61.25

DOCUMENT # 729474
 1. Entity Name
CITRUS SPRINGS VOLUNTEER FIRE COMPANY, INC.



Principal Place of Business Mailing Address
9515 N. CITRUS SPRINGS BLVD. **9515 N. CITRUS SPRINGS BLVD.**
CITRUS SPRINGS FL 34434 **CITRUS SPRINGS FL 34434**
US **US**

50027139



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
23-7378553 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DOZIER, CHRIS
2871 W CYPRESS DR
DUNNELLON FL 34433

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DOZIER, CHRIS	
STREET ADDRESS	2871 W CYPRESS DR	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	S	<input type="checkbox"/> Delete
NAME	PETELLAT, MARLENE	
STREET ADDRESS	L173 N REDFERN TR	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAWKINS, MERRIL	
STREET ADDRESS	9353 N. CITRUS SPGS BLVD.	
CITY-ST-ZIP	CITRUS SPGS FL 34434	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KING, NORMAN	
STREET ADDRESS	2395 SNOWY EGRET PLACE	
CITY-ST-ZIP	CITRUS SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLAZER, MARY	
STREET ADDRESS	9139 N HAWKWEED DRIVE	
CITY-ST-ZIP	CITRUS SPRINGS FL 34433	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOANE, KRITIAN	
STREET ADDRESS	1868 W RUTLAND DR	
CITY-ST-ZIP	CITRUS SPGS FL 34434	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Polizzi	
STREET ADDRESS	9030 N. BEEWAY	
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, NORMAN	
STREET ADDRESS	2395 W. SNOWY EGRET PL.	
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENS, HEATHER	
STREET ADDRESS	1594 W. OLIVER DR	
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Norman King Dir.* **3-14-05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #