


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90157 007 \*\*\*\*61.25

<b>DOCUMENT # 729474</b> 1. Entity Name <b>CITRUS SPRINGS VOLUNTEER FIRE COMPANY, INC.</b>					
Principal Place of Business <b>9515 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS, FL 34434 US</b>			Mailing Address <b>9515 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS, FL 34434 US</b>		
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 <b>23-7378553</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DOZIER, CHRIS 2871 W CRYPESS DR DUNNELLON, FL 34433</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>POLIZZI, BOB</b>		NAME		
STREET ADDRESS	<b>9030 N. BEE WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CITRUS SPRINGS, FL 34434</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PETELLAT, MARLENE</b>		NAME		
STREET ADDRESS	<b>L173 N REDFERN TR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BEVERLY HILLS, FL 34465</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KING, NORMAN</b>		NAME		
STREET ADDRESS	<b>2395 W. SNOWY EGRET PL.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CITRUS SPRINGS, FL 34434</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KING, NORMAN</b>		NAME		
STREET ADDRESS	<b>2395 SNOWY EGRET PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CITRUS SPRINGS, FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GLAZER, MARY</b>		NAME		
STREET ADDRESS	<b>9139 N HAWKWEED DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CITRUS SPRINGS, FL 34433</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SLOANE, KRITIAN</b>		NAME	<b>ALBERT GLAZER</b>	
STREET ADDRESS	<b>1868 W RUTLAND DR</b>		STREET ADDRESS	<b>9139 N HAWKWEED DR</b>	
CITY-ST-ZIP	<b>CITRUS SPGS, FL 34434</b>		CITY-ST-ZIP	<b>CITRUS SPRINGS FL 34433</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Norman King</i> <b>NORMAN KING</b> <b>4-24-06</b> <b>409-9600</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					