


**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 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7378553	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOZIER, CHRIS 2871 W CRYPESS DR DUNNELLON, FL 34433			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POLIZZI, BOB		NAME		
STREET ADDRESS	9030 N. BEE WAY		STREET ADDRESS		
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETELLAT, MARLENE		NAME		
STREET ADDRESS	L173 N REDFERN TR		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KING, NORMAN		NAME		
STREET ADDRESS	2395 W. SNOWY EGRET PL.		STREET ADDRESS		
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KING, NORMAN		NAME		
STREET ADDRESS	2395 SNOWY EGRET PLACE		STREET ADDRESS		
CITY-ST-ZIP	CITRUS SPRINGS, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLAZER, MARY		NAME		
STREET ADDRESS	9139 N HAWKWEED DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CITRUS SPRINGS, FL 34433		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SLOANE, KRITIAN		NAME	D ALBERT GLAZER	
STREET ADDRESS	1868 W RUTLAND DR		STREET ADDRESS	9139 N HAWKWEED DR	
CITY-ST-ZIP	CITRUS SPGS, FL 34434		CITY-ST-ZIP	CITRUS SPRINGS FL 34433	
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.					
SIGNATURE: <i>Norman King</i>		NORMAN KING		4-24-06 499-9650	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	