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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732513 (7)
1. Corporation Name
DE ROSA PLAZA VOLUNTEER FIRE COMPANY, INC.



Principal Place of Business 10165 N. CITRUS AVENUE CRYSTAL RIVER FL 32629	Mailing Address 10165 N. CITRUS AVENUE CRYSTAL RIVER FL 34429-7153
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3. Date Incorporated or Qualified 04/21/1975	3a. Date of Last Report 01/31/1996
4. FEI Number 59-1632369	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent STEVENS, DAVE 11098 N. WAHOO TRAIL DUNNELLON FL 34433	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	STEVENS, DAVE	1.2 NAME	
STREET ADDRESS	11098 N. WAHOO TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34433	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	HUGHES, TIMOTHY	2.2 NAME	
STREET ADDRESS	11310 N. LAMAR PT	2.3 STREET ADDRESS	
CITY-ST-ZIP	INGLIS FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD
NAME	CONNELLY, SHARON	3.2 NAME	TARA KOOP
STREET ADDRESS	3616 W. IVY LANE	3.3 STREET ADDRESS	9900 N. DAWNHOWER AVE
CITY-ST-ZIP	DUNNELLON FL 34433	3.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34428
TITLE	TD	4.1 TITLE	TD
NAME	HUGHES, SUSAN	4.2 NAME	STEVE PHEIL
STREET ADDRESS	11310 N. LAMAR PT.	4.3 STREET ADDRESS	11308 N. WAHOO TRAIL
CITY-ST-ZIP	INGLIS FL	4.4 CITY-ST-ZIP	DUNNELLON FL 34433
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE _____ DATE _____

CR2E037 (9/96)