


FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 32629
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 34428	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 34428
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3. Date Incorporated or Qualified 04/21/1975	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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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 Heather Hicks 82 Street Address (P.O. Box Number is Not Acceptable) 2049 W. Most Lane 83 84 City Citrus Springs FL 85 Zip Code 34434
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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 **Heather C. Hicks** **TRES** **3-30-98**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD STEVENS, DAVE 11098 N. WAHOO TRAIL DUNNELLON FL 34433	1.1 TITLE	PD William Kopp 9900 N. Dawnflower Ave Crystal River FL
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD HUGHES, TIMOTHY 11310 N. LAMAR PT INGLIS FL	2.1 TITLE	VP Lance Potter 10165 N. Citrus Ave Crystal River FL 34428
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD KOPP, TARA 9900 N. DAWNFLOWER AVE. CRYSTAL RIVER FL	3.1 TITLE	SO Candelle McNeil 9900 W. Dunnellon Rd Crystal River FL 34428
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD PHEIL, STEVE 11328 N. WAHOO TRAIL DUNNELLON FL	4.1 TITLE	TO Heather Hicks 2049 W. Most Ln Citrus Sprgs, FL 34434
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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: **Heather C. Hicks** **3-12-98** **488-16306**

CR2E037 (10/97)