


FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90046 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 732513		
1. Corporation Name DE ROSA PLAZA VOLUNTEER FIRE COMPANY, INC.		
Principal Place of Business 10165 N. CITRUS AVENUE CRYSTAL RIVER FL 34428 US	Mailing Address 10165 N. CITRUS AVENUE CRYSTAL RIVER FL 34428 US	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/21/1975	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1632369	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HICKS, HEATHER 2049 WILMOST LANE CITRUS SPRINGS FL 34434		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice President PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOPP, WILLIAM	1.2 NAME	Chris Dozier
STREET ADDRESS	9900 N. DAWN FLOWER AVE	1.3 STREET ADDRESS	2871 W. Cypress Dr.
CITY-ST-ZIP	CRYSTAL RIVER FL 34433	1.4 CITY-ST-ZIP	Dunnellon, FL 34433
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	President VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, LANCE	2.2 NAME	LANCE POTTER
STREET ADDRESS	10165 N. CITRUS AVE	2.3 STREET ADDRESS	same Address
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Asst Secretary SS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNEIL, DANIELLE	3.2 NAME	melissa sanger
STREET ADDRESS	9200 W. DUNNELLON RD	3.3 STREET ADDRESS	7601 N. Fernaduna
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	3.4 CITY-ST-ZIP	Dunnellon, FL 34433
TITLE	TO <input type="checkbox"/> DELETE	4.1 TITLE	Treasurer Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, HEATHER	4.2 NAME	STEVEN HEATH
STREET ADDRESS	2049 W. MOST LN	4.3 STREET ADDRESS	1110 Alhambra
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99 (352) 841-2088
 Date Daytime Phone #

CR2E037 (1/98)