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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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CONNELL HEIGHTS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place	of Rusiness		failing Address									
ENT. INC. 800 N. ROCKCRUSHER RD.			ENT. INC.									
	VER FL 32629		800 N. ROCKCRUSHER RD. CRYSTAL RIVER FL 32629									
							3. D	10/17/1975		3a. D	ate of La 08/07	st Report 1995
	lace of Business	2a	Mailing Address				4. FE	El Number	-			Applied For
1 Suite Act High			26			03-0000607					Not Applicable	
Suite, Apt. :	#, etc.	27	Suite, Apt. #, etc.				5. C	ertificate of Status	Desired			5 Additional e Regulred
City & State	e	28	City & State					lection Cempaign rust Fund Contribu	-			00 May Be led to Fees
Zip	Country		Zip	Co	ountry			his corporation ha		tannible t		
4	25	29		30	·			orida Statutes		Yes [6. 199.032,
	9. Name and Address of C	urrent Regis	stered Agent				10. N	ame and Addres	s of New Re	gistered	Agent	
					81	Name						
reeves,	, JOHN				82	Street Ac	ddress (P.O	Box Number is N	Int Accentable	<u></u>		
109 N CANDLE POINT								ss (P.Ö. Box Number is Not Acceptable)				
CRYSTA	IL RIVER FL 34429				83			· · -				
					84	City					100	7in Code
					1 1	•				FL	1 1	Zip Code
Pursuant t	to the provisions of Sections 617 red agent, or both, in the State of	.0502 and 61	7.1508, Florida Statu	ites, the ab	cove-n	amed corr	poration sub	mits this statemen	nt for the purp	ose of ch	anging its	registered offic
or register	oo agam, or born, in the blate of	Section 617.	.0503 Fiorida Statute	⊇ed by πe ≆S.	OUIP	HAUOH S DO	oard of direc	ctors. I nereby acc	ept the appoi	niment as	s registere	od agent. I am
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familiar wit	in, and accept the obligations of, -		,									
familiar wit	Signature, typed or printed name of registere	d agent and title if	applicable. (N			signature requ	ured when reinsta			DATE		
familiar wit	Signature, typod or printed name of registere OFFICER		applicable. (N	13	3.	signature requ		ating) DDITIONS/CHANC	GES TO OFFIC	ERS AND		
familiar wit SIGNATURE _ 12.	Signature, typed or printed name of registere OFFICER	d agent and title if	applicable. (N	13	TITLE	signature requ	Α[GES TO OFFIC	ERS AND	D DIREC	
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D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date