

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 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 # **734088** (8)
1. Corporation Name
CONNELL HEIGHTS VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business ENT. INC. 800 N. ROCKCRUSHER RD. CRYSTAL RIVER FL 32629	Mailing Address ENT. INC. 800 N. ROCKCRUSHER RD. CRYSTAL RIVER FL 34429-7526
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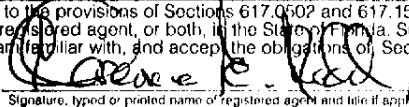
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/17/1975	3a. Date of Last Report 02/09/1996
4. FEI Number 03-0000607	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent REEVES, JOHN 109 N CANDLE POINT CRYSTAL RIVER FL 34429
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10. Name and Address of New Registered Agent 81 Name Clarence Redd 82 Street Address (P.O. Box Number is Not Acceptable) 39B N. Turkey Pine Loop 83 84 City LECANTO FL 85 Zip Code 34461

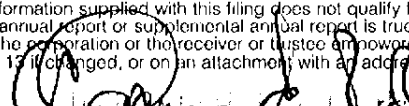
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  **CHIEF** **3/7/97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE VD	☒ DELETE
NAME RICHARDS, ED	
STREET ADDRESS P.O. BOX 2381 N/A	
CITY-ST-ZIP CRYSTAL RIVER FL	
TITLE D	☒ DELETE
NAME REXFORD, ARNOLD	
STREET ADDRESS 10030 FORT ISLAND TRAIL	
CITY-ST-ZIP CRYSTAL RIVER, FL 00000	
TITLE PD	☒ DELETE
NAME REEVES, JOHN	
STREET ADDRESS 109 N CANDLE POINT	
CITY-ST-ZIP CRYSTAL RIVER, FL 00000	
TITLE SD	☐ DELETE
NAME REGALO, KEITH	
STREET ADDRESS 6240 W LEXINGTON DR	
CITY-ST-ZIP CRYSTAL RIVER, FL 00000	
TITLE D	☒ DELETE
NAME JOSEY, MICHAEL	
STREET ADDRESS 800 N ROCKCRUSHER RD	
CITY-ST-ZIP CRYSTAL RIVER FL	
TITLE TD	☒ DELETE
NAME PERUCHE, MICHELLE	
STREET ADDRESS 6541 WEST SEVEN RIVERS DRIVE	
CITY-ST-ZIP CRYSTAL RIVER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE VD	☒ Change ☐ Addition
12 NAME Scott Burkhardt	
13 STREET ADDRESS 5840 WEST SPICEY Hill DRIVE	
14 CITY-ST-ZIP HOMOSASSA FL 34448-1308	
21 TITLE D	☒ Change ☐ Addition
22 NAME Lewis (Cleveland)	
23 STREET ADDRESS 9801 W. ARMS DR. APT 31	
24 CITY-ST-ZIP CRYSTAL RIVER 34429	
31 TITLE PD	☒ Change ☐ Addition
32 NAME Clarence Redd	
33 STREET ADDRESS 39B N Turkey Pine Loop	
34 CITY-ST-ZIP LECANTO FL 34461	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME LARRY GRIFFITHS	
53 STREET ADDRESS 4752 W. Sunrise Street	
54 CITY-ST-ZIP LECANTO FL 34461	
61 TITLE TD	☒ Change ☐ Addition
62 NAME Scott Ayotte	
63 STREET ADDRESS 10030 WEST FORT ISLAND TRAIL	
64 CITY-ST-ZIP CRYSTAL RIVER FL 34429	

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  **3/7/97** **352**

CR2E037 (9/96)