

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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 32620	Mailing Address % CONNELL HEIGHTS VFD, INC. P.O. BOX 845 CRYSTAL RIVER FL 34429 US
---	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 34429	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 U.S.
--	--

3. Date Incorporated or Qualified 10/17/1975	
4. FEI Number 03-0000607	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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	

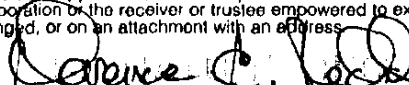
9. Name and Address of Current Registered Agent REDD, CLARENCE 398 N. TURKEY PINE LOOP LECANTO FL 34461	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
---	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	BURKHART, SCOTT	1.2 NAME	
STREET ADDRESS	5840 WEST SPICEY HILL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Director
NAME	LEWIS, CLEVELAND	2.2 NAME	CHRONISTER, DAVID
STREET ADDRESS	9801 W. ARMS DR., APT 31	2.3 STREET ADDRESS	6180 W. GLEN ROBIN CT.
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	CRYSTAL RIVER FL. 34429
TITLE	PD	3.1 TITLE	
NAME	REDD, CLARENCE	3.2 NAME	
STREET ADDRESS	398 N. TURKEY PINE LOOP	3.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	Director
NAME	REGALO, KEITH	4.2 NAME	BOSLEY, THOMAS
STREET ADDRESS	6240 W LEXINGTON DR	4.3 STREET ADDRESS	2843 W. ESCAMBIN LANE
CITY-ST-ZIP	CRYSTAL RIVER, FL 00000	4.4 CITY-ST-ZIP	LECANTO FL. 34461
TITLE	D	5.1 TITLE	Director
NAME	GRIFFITHS, LARRY	5.2 NAME	BRUNO, CARMEN
STREET ADDRESS	2752 W. SUNRISE STREET	5.3 STREET ADDRESS	5627 W. JAVING COURT
CITY-ST-ZIP	LECANTO FL	5.4 CITY-ST-ZIP	HOMOSASSA, FL.
TITLE	TD	6.1 TITLE	Treasurer
NAME	AYOTTE, SCOTT	6.2 NAME	YOUNG, CARL
STREET ADDRESS	10030 WEST FORT ISLAND TRAIL	6.3 STREET ADDRESS	1065 N. PALM SPRINGS TERR
CITY-ST-ZIP	CRYSTAL RIVER FL	6.4 CITY-ST-ZIP	CRYSTAL RIVER FL. 34429

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:  (352) 5278418