## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 734088**

FILED Apr 28, 2004 Secretary of State

Entity Name: CONNELL HEIGHTS VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:					New Principal Place of Business:			
	CKCRUSHE RIVER, FL 3							
Current Mailing Address:					New Mailing Address:			
% CONNE	LL HEIGHTS	SVFD, IN	C.					
P.O. BOX 8 CRYSTAL	845 RIVER, FL 3	34429	US					
FEI Number:	03-0000607	FEI N	ımber Applied For()	FEI Numb	er Not Appli	cable ( )	Certificate of	Status Desired ( )
Name and	Address of	Current	Registered Agent:	N	lame and	Address of	f New Register	ed Agent:
2752 W SL	S, LAWRENC JNRISE ST , FL 34461	US						
	named entity of Florida.	/ submits	this statement for the pu	urpose of o	changing its	s registered	l office or regist	ered agent, or both,
SIGNATUF	RE:							
Electronic Signature of Registered Agent							Date	_
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VD ( BOSLEY, THO 2843 W ESCA LECANTO, FL	AMBIA LAN	E	N A	itle: lame: .ddress: city-St-Zip:		()Change ()Ad	dition
Fitle: Name: Address: Dity-St-Zip:	PD ( GRIFFITHS, L 2752 W SUNI LECANTO, FL	RISE ST	≣	N A	itle: lame: .ddress: city-St-Zip:		() Change () Ad	dition
Title: Name: Address: City-St-Zip:	D ( HENNINGER, 800 N. ROCK CRYSTAL RIV	CRUSHER	RD	N A	itle: lame: ddress: tity-St-Zip:	REDD, CLAR	EY PINE LOOP	dition
Title: Name: Address: City-St-Zip:	D ( RIGALO, KIE <sup>*</sup> 2142 N LA DO CRYSTAL RIV	ONIO TERF		N A	itle: lame: .ddress: city-St-Zip:	D REED, JAME 5657 W IRVI HOMOSASSA	NG CT	dition
Title: Name: Address: City-St-Zip:	TD ( RIGALO, ALIS 2142 N LA DO CRYSTAL RIV	ONIA TERR		N A	itle: lame: .ddress: city-St-Zip:	RIGALO, ALI 2142 N LADO	(X) Change ( ) Ad SHA DNIA TERRACE VER, FL 34428	dition
Title: Name: Address: City-St-Zip:	D ( HARRIS, STE 800 N ROCKO CRYSTAL RIV	CRUSHER		N A	itle: lame: .ddress: bity-St-Zip:	MCCLENDOI 800 N ROCK	(X) Change ( ) Ad N, WAYNE CRUSHER RD VER, FL 34429	dition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALISHA RIGALO TD 04/28/2004