FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

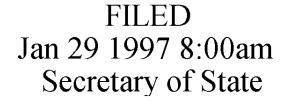
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(7)

CASSELBERRY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address





95 N. LAKE TRIPLET DR. CASSELBERRY FL 32707		95 N. LAKE TRIPLET DR. CASSELBERRY FL 32707-3319				
				3. Date Incorporated or Qualified 02/02/1977	3a. Date of Last Report 03/03/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2264984	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Z(p	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
609 COMDEN RD ALTAMONTE SPGS FL 32714 84 City				Address (P.O. Box Number is Not Acceptal	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 _	Signature, typed or printed name of registered agent	and title il applicable (NOTE:	Registered Agen' signatur	e required when reinstating)	1~11-12-1	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	DELETE	1.1 TITLE	90	CERS AND DIRECTORS IN 12 Change Addition	
NAME	BURTON, DAVID B	•	1.2 NAME	KRISTIC ZCROKO	, ,	
STREET ADDRESS	609 COMDEN RD.		1.3 STREET ADDRESS	GUT DEADL FO.		
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714		1.4 CITY-ST-ZIP	ENTIRE RETURE	25 30CB 8	
TITLE	VD	DELETE	2.1 TITLE	10	Change	
NAME	JORDAN, KRISTIN	•	2.2 NAME	BUTE BYSKED D	_ ~	
STREET ADDRESS	647 PEARL RD.		2.3 STREET ADDRESS	an august e	ME. Swill	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	Nortes C	2.4 CITY-ST-ZIP	BUTANCESTE EST	111 DE - 12 JAN 114	
TITLE	STD STDOUB FDIC I	DELETE	3.1 TITLE	370	Change Addition	
NAME	STROUP, ERIC J 117 BURGOS RD		3.2 NAME	HEILIT KACHUKID	- 11	
STREET ADDRESS	WINTER SPRINGS FL 32708		3 3 STREET ADDRESS	SOO SHECKLY	3000 # 305	
CITY-ST-ZIP TITLE	T	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	CONTEK SABILITY	Change Addition	
NAME	MCINTYRE, SCOTT	A octob	4. 2 NAME	DEBELLATE		
STREET ADORESS	8849 BUTTERNUT BLVD.		4.3 STREET ADDRESS	CESO SAMPLESTON	20 BMU + 1380	
CITY-ST-ZIP	ORLANDO FL 32817		4.4 CITY-ST-ZIP	BUTCHTSONE SOON	Wer A 331/11	
TITLE		DELETE	5.1 TITLE	HELLEY IS INC. OFFI	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		1	
CITY-ST-ZIP			6.4 CITY - ST - 2IP			

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.