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Jan 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 737983 (7)
1. Corporation Name
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 Place of Business	2a. Mailing Address	4. FEI Number 59-2264984	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

BURTON, DAVID B
609 COMDEN RD
ALTAMONTE SPGS FL 32714

10. Name and Address of New Registered Agent

81 Name KRISTIN JORDAN
82 Street Address (P.O. Box Number is Not Acceptable) 647 PEARL RD.
83 WINTER SPRINGS, FL 32708
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 *David B. Burton* 1-11-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BURTON, DAVID B	1.2 NAME	KRISTIN JORDAN
STREET ADDRESS	609 COMDEN RD.	1.3 STREET ADDRESS	647 PEARL RD.
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714	1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	VD	2.1 TITLE	VD
NAME	JORDAN, KRISTIN	2.2 NAME	DAVID BURTON, DAVID B
STREET ADDRESS	647 PEARL RD.	2.3 STREET ADDRESS	609 COMDEN AVE.
CITY-ST-ZIP	WINTER SPRINGS FL 32708	2.4 CITY-ST-ZIP	ALTAMONTE SPGS, FL 32714
TITLE	STD	3.1 TITLE	STD
NAME	STROUP, ERIC J	3.2 NAME	HEINL, RICHARD W.
STREET ADDRESS	117 BURGOS RD	3.3 STREET ADDRESS	200 SUEHAN BLVD. #307
CITY-ST-ZIP	WINTER SPRINGS FL 32708	3.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	T	4.1 TITLE	T
NAME	MCINTYRE, SCOTT	4.2 NAME	STRAUSS, JACOB ANDREW J.
STREET ADDRESS	8849 BUTTERNUT BLVD.	4.3 STREET ADDRESS	600 JAMESON BLVD. #1350
CITY-ST-ZIP	ORLANDO FL 32817	4.4 CITY-ST-ZIP	ALTAMONTE SPGS, FL 32714
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)