

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 768961

1. Entity Name
CRYSTAL RIVER FIRE DEPARTMENT, INC.



Principal Place of Business
**123 NW HIGHWAY 19
CRYSTAL RIVER, FL 34428 US**

Mailing Address
**123 NW HIGHWAY 19
CRYSTAL RIVER, FL 34428 US**



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2536303

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUMAS, BROWN JR.
291 SOUTH GARDENIA TERRACE
CRYSTAL RIVER, FL 34423**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME KOFMEHL, CHARLES P JR
STREET ADDRESS 513 NW 2ND AVE
CITY-ST-ZIP CRYSTAL RIVER, FL 344284022

TITLE DV
NAME DAVIS, BILL
STREET ADDRESS 6380 N. DIAMOND TERRACE
CITY-ST-ZIP CRYSTAL RIVER, FL

TITLE DVT
NAME DUMAS, JACK
STREET ADDRESS 419 NE CRYSTAL STREET
CITY-ST-ZIP CRYSTAL RIVER, FL

TITLE DS
NAME CATES, TERRY
STREET ADDRESS 9415 W WISCONSIN CT.
CITY-ST-ZIP CRYSTAL RIVER, FL

TITLE DV
NAME DUMAS, BROWN
STREET ADDRESS 291 S. GARDENIA TERR
CITY-ST-ZIP CRYSTAL RIVER, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000176423
01/10/05-80087-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-05 352-795-3451