

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90034 011 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2536303	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUMAS, BROWN JR. 291 SOUTH GARDENIA TERRACE CRYSTAL RIVER, FL 34423				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOFMEHL, CHARLES P JR		NAME	Kunselman, Samuel V	
STREET ADDRESS	513 NW 2ND AVE		STREET ADDRESS	661 NE Crystal St	
CITY-ST-ZIP	CRYSTAL RIVER, FL 344284022		CITY-ST-ZIP	Crystal River FL 34428-3722	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, BILL		NAME	Hayes, Arthur C	
STREET ADDRESS	6380 N. DIAMOND TERRACE		STREET ADDRESS	750 NE 3rd St	
CITY-ST-ZIP	CRYSTAL RIVER, FL		CITY-ST-ZIP	Crystal River FL 34429-4316	
TITLE	DVT	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMAS, JACK		NAME	Dumas, Jack	
STREET ADDRESS	419 NE CRYSTAL STREET		STREET ADDRESS	9791 W Deepwoods Dr	
CITY-ST-ZIP	CRYSTAL RIVER, FL		CITY-ST-ZIP	Crystal River FL 34428-6439	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CATES, TERRY		NAME		
STREET ADDRESS	9415 W WISCONSIN CT.		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMAS, BROWN		NAME	Dumas, Brown	
STREET ADDRESS	291 S. GARDENIA TERR		STREET ADDRESS	291 S Gardenia Ter	
CITY-ST-ZIP	CRYSTAL RIVER, FL		CITY-ST-ZIP	Crystal River FL 34429	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Brown Dumas			January 20, 2006		352-795-3451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #