

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90049 020 \*\*\*\*61.25

<b>DOCUMENT # 768961</b>						
<b>1. Entity Name</b> CRYSTAL RIVER FIRE DEPARTMENT, INC.						
<b>Principal Place of Business</b> 123 NW HIGHWAY 19 CRYSTAL RIVER, FL 34428 US			<b>Mailing Address</b> 123 NW HIGHWAY 19 CRYSTAL RIVER, FL 34428 US			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-2536303		
<b>Zip</b>		<b>Country</b>		<b>Applied For</b> Not Applicable		
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>		
DUMAS, BROWN JR. 291 SOUTH GARDENIA TERRACE CRYSTAL RIVER, FL 34423				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>						
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)						
Signature, typed or printed name of registered agent and title if applicable.						
DATE						
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P	<b>NAME</b> KOFMEHL, CHARLES P JR		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> P/D	<b>NAME</b> Kunselman, Samuel V	
<b>STREET ADDRESS</b> 513 NW 2ND AVE	<b>CITY-ST-ZIP</b> CRYSTAL RIVER, FL 344284022		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>STREET ADDRESS</b> 661 NE Crystal St	<b>CITY-ST-ZIP</b> Crystal River FL 34428-3722	
<b>TITLE</b> TD	<b>NAME</b> DUMAS, JACK		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	
<b>STREET ADDRESS</b> 419 NE CRYSTAL STREET	<b>CITY-ST-ZIP</b> CRYSTAL RIVER, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> DS	<b>NAME</b> CATES, TERRY		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	
<b>STREET ADDRESS</b> 9415 W WISCONSIN CT.	<b>CITY-ST-ZIP</b> CRYSTAL RIVER, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> D	<b>NAME</b> DUMAS, BROWN		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	
<b>STREET ADDRESS</b> 291 S. GARDENIA TERR	<b>CITY-ST-ZIP</b> CRYSTAL RIVER, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> VD	<b>NAME</b> HAYES, ARTHUR C		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	
<b>STREET ADDRESS</b> 750 NE 3RD ST	<b>CITY-ST-ZIP</b> CRYSTAL RIVER, FL 344294316		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>						
<b>SIGNATURE:</b> _____			Brown Dumas, Jr.		01-05-07 352-795-3451	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #	