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FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50778** (2)  
1. Corporation Name  
**CITRUS COUNTY FIRE FIGHTERS' ASSOCIATION, INC.**

Principal Place of Business <b>10095 S. YORK WAY HOMOSASSA FL 34448</b>	Mailing Address <b>10095 S. YORK WAY HOMOSASSA FL 34448</b>
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3. Date Incorporated or Qualified

**09/10/1992**

4. FEI Number

**59-3157021**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSTON, DARRYL W  
29 SOUTH BROOKSVILLE AVENUE  
BROOKSVILLE FL 34801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **STRICKLAND, DAVID K**  
STREET ADDRESS **10095 S. YORK WAY**  
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE **V** ☐ DELETE

NAME **EBERHARDT, MIKE**  
STREET ADDRESS **3947 E. ALLENDALE STREET**  
CITY-ST-ZIP **IVERNESS FL 34450**

TITLE **ST** ☐ DELETE

NAME **HOCKING, RICK**  
STREET ADDRESS **5658 TANGELO LANE**  
CITY-ST-ZIP **IVERNESS FL 34450**

TITLE **D** ☐ DELETE

NAME **LAWSON, TED**  
STREET ADDRESS **1240 N. LAJOLLA POINT**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **D** ☐ DELETE

NAME **WHITE, L.J.**  
STREET ADDRESS **3519 N. HOLIDAY DRIVE**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE **D** ☐ DELETE

NAME **ARMSTRONG, SHELLEY**  
STREET ADDRESS **1600 TUTTLE STREET**  
CITY-ST-ZIP **IVERNESS FL 34452**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**ST  
WHITE, L.J.  
3519 N. HOLIDAY DR.  
CRYSTAL RIVER FL 34428**

**D  
JEREMY BUSH  
12 HOLLY CT  
HOMOSASSA FL 34446**

**D  
LISA GONZALES  
1605 E. MARBLE LN  
IVERNESS, FL 34452**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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.

SIGNATURE: *David K Strickland* **DAVID K STRICKLAND, 115-AR (1998) SECRETARY**

CR2E037 (10/97)