
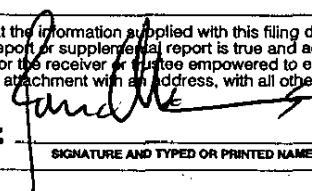


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90060 022 ****61.25

DOCUMENT # N94000000952					
1. Entity Name SPRING RIDGE VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 5600 NE COUNTY ROAD 340 HIGH SPRINGS, FL 32643 US			Mailing Address 5600 NE COUNTY ROAD 340 HIGH SPRINGS, FL 32643 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3232081	
Zip		Country		01162004 Chg-NP CR2E037 (10/03)	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KARST ENVIRONMENTAL SERVICES, INC. 5779 NE COUNTY ROAD 340 HIGH SPRINGS, FL 32643			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHALTENBRAND, LEE 5589 NE 56 ST HIGH SPRINGS, FL 32643	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mills, Ronald 5319 NE 54 Place High Springs, Fl. 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALEXANDER, DONALD 5520 NE 51ST AVENUE HIGH SPRINGS, FL 32643	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Schaltenbrand, Lee 5589 NE 56 Street High Springs, Fl. 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEMITZ, GEORGIA 5880 NE 70TH STREET HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINK, JOE 5280 NE 53 TERR HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLS, RONALD 5319 NE 54 PLACE HIGH SPRINGS, FL 32643	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 			Ronald L. Mills		
01/23/04			352-463-3198		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		