

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713670 (8)

1. Corporation Name

TIMBERLANE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

Mailing Address

4925 TIMBERLANE ROAD
LAKE WALES FL 33853

4925 TIMBERLANE ROAD
LAKE WALES FL 33853

3. Date incorporated or Qualified

11/20/1967

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

56-6089533

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCPHERSON, H S
6748 SPINNER DR
LAKE WALES FL 33853

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	MCPHERSON, H S	6748 SPINNER DR LAKE WALES FL		<input type="checkbox"/>
D	TAYLOR, MAURICE F	5524 LAKESIDE DR LAKE WALES FL		<input type="checkbox"/>
D	SCHEICK, E.H.	5201 TIMBERLANE RD LAKE WALES FL		<input checked="" type="checkbox"/>
T	WARD, E.C.	5536 LAKESIDE DR. LAKE WALES FL		<input type="checkbox"/>
D	WARD, E.C.	5536 LAKESIDE DR LAKE WALES FL		<input type="checkbox"/>
D	COATNEY, BENNY	BENTIYOKE CT LAKE WALES FL		<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Applezartus, Jeff	3318 Pinto Way Lake Wales, Fl. 33853		<input type="checkbox"/>
D	CHANDLER, MARJORIE	3824 Lazy Lane Lake Wales, Fl. 33853		<input type="checkbox"/>
D	DONAHUE, TERRY	6707 Spokie Rd. Lake Wales, Fl. 33853		<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)