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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33853-6981

3. Date Incorporated or Qualified
11/20/1967

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

56-6089533

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE P
NAME MCPHERSON, H S
STREET ADDRESS 6748 SPINNER DR
CITY-ST-ZIP LAKE WALES FL

1.1 TITLE D
1.2 NAME Chandler, J.L.
1.3 STREET ADDRESS 3824 LAZY LANE
1.4 CITY-ST-ZIP LAKE WALES, FL 33853

TITLE D
NAME TAYLOR, MAURICE F
STREET ADDRESS 5524 LAKESIDE DR
CITY-ST-ZIP LAKE WALES FL

2.1 TITLE D/D/Scdy
2.2 NAME Chandler, Marjorie E
2.3 STREET ADDRESS 3824 LAZY LANE
2.4 CITY-ST-ZIP LAKE WALES, FL 33853

TITLE D
NAME APPEGARTH, JEFF
STREET ADDRESS 2318 PINTO WAY
CITY-ST-ZIP LAKE WALES FL

3.1 TITLE D/Treas
3.2 NAME TORRANCE, Jerry
3.3 STREET ADDRESS 2828 Silver Spur Loop
3.4 CITY-ST-ZIP LAKE WALES FL 33853

TITLE T
NAME WARD, E.C.
STREET ADDRESS 5536 LAKESIDE DR.
CITY-ST-ZIP LAKE WALES FL

4.1 TITLE D
4.2 NAME Donahue, Terry
4.3 STREET ADDRESS 6707 Skoki Rd
4.4 CITY-ST-ZIP LAKE WALES, FL 33853

TITLE D
NAME WARD, E.C.
STREET ADDRESS 5536 LAKESIDE DR
CITY-ST-ZIP LAKE WALES FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME COATNEY, BENNY
STREET ADDRESS BENTYOKE CT
CITY-ST-ZIP LAKE WALES FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: *Marjorie Chandler* REQUIRED

3/6/97

(941) 436-7332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0053837

CR2E037 (9/96)