

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 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 # 730263 (1)**  
1. Corporation Name  
**TOWN 'N COUNTRY VOLUNTEER FIRE RESCUE ASSN., INC**



Principal Place of Business <b>6901 MEMORIAL HWY. TAMPA FL 33615 US</b>	Mailing Address <b>P O BOX 260699 TAMPA FL 33685</b>
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3. Date Incorporated or Qualified  
**07/24/1974**

4. FEI Number <b>59-1614088</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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  
**~~KNOX, YOLANDA~~  
9516 SUN DIAL DR  
TAMPA FL 33635**

10. Name and Address of New Registered Agent

81 Name <b>Betty Jeanne Buurma</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7020 Drury Street</b>
83
84 City <b>Tampa</b>
85 Zip Code <b>FL 33635</b>

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: Betty Jeanne Buurma, Treasurer DATE: March 30, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SEAMON, ROBERT</b>	1.2 NAME	<b>Jonathan Wax</b>
STREET ADDRESS	<b>7007 BAYWOOD COURT</b>	1.3 STREET ADDRESS	<b>3703 Palma Ceia Ct.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	<b>Tampa, FL 33628</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SOLLEE, JAMES</b>	2.2 NAME	<b>Joyce Smith</b>
STREET ADDRESS	<b>9513 SUNDIAL DR</b>	2.3 STREET ADDRESS	<b>7201 Daiquiri Lane</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	<b>Tampa, FL 33634</b>
TITLE	<b>* Vice President</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEGGET, FRED</b>	3.2 NAME	<b>Betty Jeanne Buurma</b>
STREET ADDRESS	<b>4916 HALIFAX DR.</b>	3.3 STREET ADDRESS	<b>7020 Drury Street</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	<b>Tampa, FL 33635</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOX, YOLANDA</b>	4.2 NAME	<b>James Anderson</b>
STREET ADDRESS	<b>9513 SUN DIAL DR</b>	4.3 STREET ADDRESS	<b>8810 Brys Dr.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	<b>Tampa, FL 33615</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COHN, MARTY</b>	5.2 NAME	<b>Gilbert Sainz</b>
STREET ADDRESS	<b>3816 BRYNS RD</b>	5.3 STREET ADDRESS	<b>3148 Evalid Ave.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	5.4 CITY-ST-ZIP	<b>Tampa, FL 33629</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CUMMINGS, JOHN</b>	6.2 NAME	<b>Joe Vetrano</b>
STREET ADDRESS	<b>12004 OAKSBURY DR</b>	6.3 STREET ADDRESS	<b>7607 W. Hanna Ave.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	6.4 CITY-ST-ZIP	<b>Tampa, FL 33615</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Betty Jeanne Buurma, Treasurer DATE: March 30, 1998 813-865-3355

CR2E037 (10/97)