

FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
**8901 MEMORIAL HWY.
TAMPA FL 33615
US**

Mailing Address
**P O BOX 260699
TAMPA FL 33685**

3. Date Incorporated or Qualified 07/24/1974
4. FEI Number 59-1614088
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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 March 30, 1998
Signature, typed name and title of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SEAMON, ROBERT
STREET ADDRESS	7007 BAYWOOD COURT
CITY-ST-ZIP	TAMPA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SOLLEE, JAMES
STREET ADDRESS	9513 SUNDIAL DR
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	Vice President
STREET ADDRESS	LEGGET, FRED
CITY-ST-ZIP	4916 HALIFAX DR. TAMPA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	KNOX, YOLANDA
STREET ADDRESS	9513 SUN DIAL DR
CITY-ST-ZIP	TAMPA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	COHN, MARTY
STREET ADDRESS	3816 BRYN RD
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	CUMMINGS, JOHN
STREET ADDRESS	12004 OAKSBURY DR
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRESIDENT
1.3 STREET ADDRESS	Jonathan Wax
1.4 CITY-ST-ZIP	3703 Palmarcia Ct. Tampa, FL 33628
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Secretary,
2.3 STREET ADDRESS	Joyce Smith,
2.4 CITY-ST-ZIP	7201 Daiquiri Lane Tampa, FL 33634
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Treasurer
3.3 STREET ADDRESS	Betty Jeanne Buurma
3.4 CITY-ST-ZIP	7020 Drury Street Tampa, FL 33635
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	James Anderson
4.4 CITY-ST-ZIP	8810 Bryn Dr. Tampa, FL 33615
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Gilbert Sainz
5.4 CITY-ST-ZIP	3148 Evalid Ave. Tampa, FL 33629
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Director
6.3 STREET ADDRESS	Joe Vetrano
6.4 CITY-ST-ZIP	7607 W. Hanna Ave. Tampa, FL 33615

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 March 30, 1998 813-865-3355

CR25037 (10/97)