NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 730263

1. Corporation Name

TOWN 'N COUNTRY VOLUNTEER FIRE RESCUE ASSN., INC

Principal Place of Busines
8901 MEMORIAL HWY.
TAMPA FL 33615

Mailing Address

P O BOX 260699 TAMPA FL 33685

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FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90040 020 ****61.25



2. Principal Place of Business		2a. Mailing Address		Date Incorporated or Qualifed		
21		26		07/24/1974		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number Applied For		
22 27			59-1614088 Not Applicable			
City & State	9	City & State		5. Certificate of Status Desired \$8.75 Additional		
23		28		ree Required		
Žip	Country	Zip	Country	6. Election Campaign Financing \$5.00 May Be		
24	25	29 30	<u> </u>	Trust Fund Contribution Added to Fees		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
ļ			81 Nan	me		
BUURMA, BETTY JEANNE				82 Street Address (P.O. Box Number is Not Acceptable)		
7020 DRURY ST						
TAMPA FL 33635			83			
l			84 City	y FL 85 Zip Code		
		1017 4500 Florido Chabatan	15 - 5 - 5 - 5 - 5 - 5	• —		
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		WOTE D		ature required when reinstating) DATE		
	Signature, typed or printed name of registered age	nt and title if applicable INOTE Re	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	P OFFICERS AN	DELETE	1 1 TITLE	C Change [7] Addition		
TITLE	•		12 NAME	Souvenir,Stanley		
NAME	WAX, JONATHAN	1	1.3 STREET ADDRE	7107 Harbor Hills Ct.		
STREET ADDRESS	3703 PALMA CEIA CT			Tampa, FL 33615		
CITY-ST-ZIP	TAMPA FL 33628	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change X Addition		
TITLE	X D		22 NAME	$\mathbf{B} = \mathbf{a} + \mathbf{b}$		
NAME	SMITH, JOYCE			Buckmaster, Sean		
STREET ADDRESS	7201 DAIQUIRI LN		23 STREET ADDRE	Tamba, Flanna Ave.		
CITY-ST-ZIP	TAMPA FL 33634	☐ DELETE	2 4 CITY-ST-ZIP 31 TITLE	Change X Acdition		
TITLE	DUDINA DETTY (EARLY)	L.J DELETE		Jernigan, Mary		
NAME	BUURMA, BETTY JEANNE		3 2 NAME	6012 Mariner"s Watch Dr.		
STREET ADDRESS	7020 DRURY ST		3 3 STREET ADDRE	Tampa, FL 33615		
CITY-ST-ZIP	TAMPA FL 33635	☐ DELETE	34 CITY-ST-ZIP	Change 🔀 Addition		
TITLE	NVP	□ nereie		الما الما الما الما الما الما الما الما		
NAME	ANDERSON, JAMES		4 2 NAME	Jennings, John		
STREET ADDRESS	8810 BRYS DR			RESS 8403 Millwood		
CITY-ST-ZIP	TAMPA FL 33615	⊠ DELETE	4.4 CITY-ST-ZIP	Tampa, FI, 33615		
TITLE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MM DECELE	51 TITLE 52 NAME	C Stitute C		
NAME	SAINZ, GILBERT		5 2 NAME 5 3 STREET ADDRE	250		
STREET ADDRESS	3148 EUCLID AVE		Ĭ	N.C.O.		
CITY-ST-ZIP	TAMPA FL 33629	☐ DELETE	54 CITY-ST-ZIP 61 TITLE	☐ Change ☐ Addition		
TITLE	D	[_] DELETE	ľ			
NAME	VETRANO, JOE		6.2 NAME	>500		
STREET ADDRESS	7607 W HANNA AVE		63 STREET ADDRE	(ESS)		

14. 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 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, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

TAMPA FL 33615