

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N27634 (7)**
1. Corporation Name
TURNBULL VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business: **1850 PIONEER TRAIL NEW SMYRNA BEACH FL 32168**
Mailing Address: **1850 PIONEER TRAIL NEW SMYRNA BEACH FL 32168**

3. Date Incorporated or Qualified: **07/27/1988**
3a. Date of Last Report: **08/17/1995**
4. FEI Number: **NOT APPLICABLE**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

**WRIGHT, THOMAS D.
340 NORTH CAUSEWAY
NEW SMYRNA BEACH FL 32169**

10. Name and Address of New Registered Agent

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. (NONE) Registered Agent signature, required when re-instating. DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KRANITES, NICHOLAS	
STREET ADDRESS	1850 PIONEER TRAIL	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	REVOLDT, JASON	
STREET ADDRESS	1850 PIONEER TRAIL	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CASTAGNO, PEGGY	
STREET ADDRESS	1850 PIONEER TRAIL	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EARL, BRYANT	
STREET ADDRESS	137 ELLISON	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	Robert Montgomery	
STREET ADDRESS	1850 Pioneer Trail	
CITY-ST-ZIP	New Smyrna Beach FL 32168	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donald Dwyer	
1.3 STREET ADDRESS	1850 Pioneer Trail	
1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
2.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Erica Smith	
2.3 STREET ADDRESS	1850 Pioneer Trail	
2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
3.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Claudine Esposito	
3.3 STREET ADDRESS	1850 Pioneer Trail	
3.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ed Brown	
4.3 STREET ADDRESS	1850 Pioneer Trail	
4.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Erica Smith* **Erica Smith** **4-18-96** **252-1811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)