

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N27634 (7)**

1. Corporation Name

**TURNBULL VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business

Mailing Address

**1850 PIONEER TRAIL  
NEW SMYRNA BEACH FL 32168**

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NEW SMYRNA BEACH FL 32168**

3. Date Incorporated or Qualified  
**07/27/1988**

3a. Date of Last Report  
**08/17/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

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

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

(Initials) Registered Agent signature, required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME KRANITES, NICHOLAS  
STREET ADDRESS 1850 PIONEER TRAIL  
CITY-STATE-ZIP NEW SMYRNA BEACH FL 32168 ☒ DELETE

1.1 TITLE PD  
1.2 NAME Donald Dwyer  
1.3 STREET ADDRESS 1850 Pioneer Trail  
1.4 CITY-STATE-ZIP New Smyrna Beach, FL 32168 ☒ Change ☐ Addition

TITLE T  
NAME REVOLDT, JASON  
STREET ADDRESS 1850 PIONEER TRAIL  
CITY-STATE-ZIP NEW SMYRNA BEACH FL 32168 ☒ DELETE

2.1 TITLE T/D  
2.2 NAME Erica Smith  
2.3 STREET ADDRESS 1850 Pioneer Trail  
2.4 CITY-STATE-ZIP New Smyrna Beach, FL 32168 ☒ Change ☐ Addition

TITLE S  
NAME CASTAGNO, PEGGY  
STREET ADDRESS 1850 PIONEER TRAIL  
CITY-STATE-ZIP NEW SMYRNA BEACH FL 32168 ☒ DELETE

3.1 TITLE VP/D  
3.2 NAME Claudine Esposito  
3.3 STREET ADDRESS 1850 Pioneer Trail  
3.4 CITY-STATE-ZIP New Smyrna Beach, FL 32168 ☒ Change ☐ Addition

TITLE VD  
NAME EARL, BRYANT  
STREET ADDRESS 137 ELLISON  
CITY-STATE-ZIP NEW SMYRNA BEACH FL 32168 ☒ DELETE

4.1 TITLE S/D  
4.2 NAME Ed Brown  
4.3 STREET ADDRESS 1850 Pioneer Trail  
4.4 CITY-STATE-ZIP New Smyrna Beach, FL 32168 ☒ Change ☐ Addition

TITLE VP  
NAME Robert Montgomery  
STREET ADDRESS 1850 Pioneer Trail  
CITY-STATE-ZIP New Smyrna Beach FL 32168 ☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Erica Smith* 4-18-96 252-1811 (904)

Date

Daytime Phone #

CR2E037 (12/95)