

FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N27634 (7)**

1. Corporation Name  
**TURNBULL VOLUNTEER FIREFIGHTERS ASSOCIATION INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>1850 PIONEER TRAIL<br/>NEW SMYRNA BEACH FL 32168</b> | Mailing Address<br><b>1850 PIONEER TRAIL<br/>NEW SMYRNA BEACH FL 32168-1700</b> |
|--|---|

|  |                      |   |                            |  |   |
|--|----------------------|---|----------------------------|--|---|
| 2. Principal Place of Business<br><b>21</b>  |                      | 2a. Mailing Address<br><b>26 P.O. Box 26</b>  |                            | 3. Date Incorporated or Qualified<br><b>07/27/1988</b>   | 3a. Date of Last Report<br><b>08/16/1996</b>                      |
| Suite, Apt. #, etc.<br><b>22</b>   |                      | Suite, Apt. #, etc.<br><b>27</b>              |                            | 4. FEI Number<br><b>NOT APPLICABLE</b>   | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| City & State<br><b>23</b>  |                      | City & State<br><b>28 NEW SMYRNA BEACH FL</b> |                            | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                             |
| Zip<br><b>24</b>   | Country<br><b>25</b> | Zip<br><b>29 32168</b>                        | Country<br><b>30 U.S.A</b> | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                                |
| 9. Name and Address of Current Registered Agent<br><b>WRIGHT, THOMAS D.<br/>340 NORTH CAUSEWAY<br/>NEW SMYRNA BEACH FL 32168</b> |                      |   |                            | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

|   |           |
|---|-----------|
| 10. Name and Address of New Registered Agent          |           |
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 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]*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>DWYER, DONALD<br/>1850 PIONEER TRAIL<br/>NEW SMYRNA BEACH FL 32168</b> <input type="checkbox"/> DELETE           | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>SMITH, ERICA<br/>1850 PIONEER TRAIL<br/>NEW SMYRNA BEACH FL 32168</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <b>TD<br/>Hampton, Chris<br/>1850 PIONEER TRAIL<br/>NEW SMYRNA BEACH FL 32168</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>ESPOSITO, CLAUDINE<br/>1850 PIONEER TRAIL<br/>NEW SMYRNA BEACH FL 32168</b> <input type="checkbox"/> DELETE      | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>BROWN, ED<br/>1850 PIONEER TRAIL<br/>NEW SMYRNA BEACH FL 32168</b> <input type="checkbox"/> DELETE               | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

14. I do 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.

SIGNATURE: *[Signature]* 1-13-97 9044242929  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/96)