

FILE NOW: FILING FEE IS \$61.25

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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N27634** (7)
1. Corporation Name
TURNBULL VOLUNTEER FIREFIGHTERS ASSOCIATION INC.



Principal Place of Business Mailing Address
**1850 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168** **1850 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168-1700**

3. Date Incorporated or Qualified **07/27/1988** 3a. Date of Last Report **08/16/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
21 **26** **P.O. Box 26** **NOT APPLICABLE** 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** **NEW SMYRNA BEACH FL** 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
Zip Country Zip Country
24 **25** **29** **30** **32168** **U.S.A** 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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code
**WRIGHT, THOMAS D.
340 NORTH CAUSEWAY
NEW SMYRNA BEACH FL 32169**

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]* (NOTE: Registered Agent signature required when reinstating) DATE

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

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 #XXXXXX

CR2E037 (9/96)