

NONPROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



FILED
00 JAN 14 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27634

1. Corporation Name

TURNBULL VOLUNTEER FIREFIGHTERS ASSOCIATION INC.

Principal Place of Business

1850 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168

Mailing Address

P.O. BOX 26
NEW SMYRNA BEACH FL 32168
US

REINSTATEMENT 99



3/2/99 90045047 \$61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/27/1988
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	NOT APPLICABLE
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired
WRIGHT, THOMAS D. 340 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32168		<input type="checkbox"/> \$8.75 - Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

81 Name	Clinton Jason
82 Street Address (P.O. Box Number is Not Acceptable)	1875 Sugar Tree Circle
83	
84 City	NSB
85 State	FL
86 Zip Code	32168

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

Clinton Jason
Signature, typed or printed name of registered agent and title if applicable.

Treasurer
(NOTE: Registered Agent signature required when reinstating)

01/10/00
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWYER, DONALD	1.2 NAME	Diaz, Robin
STREET ADDRESS	1850 PIONEER TRAIL	1.3 STREET ADDRESS	1850 Pioneer Trail
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	1.4 CITY-ST-ZIP	NSB FL 32168
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALMER, CHRISTOPHER L	2.2 NAME	Ardigley, Lou Ann
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	NSB FL 32168
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPOSITO, CLAUDINE	3.2 NAME	Clinton Jason
STREET ADDRESS	1850 PIONEER TRAIL	3.3 STREET ADDRESS	1850 Pioneer Trail
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	3.4 CITY-ST-ZIP	NSB FL 32168
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINNIS, WILLIAM	4.2 NAME	Tate, Nate
STREET ADDRESS	1850 PIONEER TRAIL	4.3 STREET ADDRESS	1850 Pioneer Trail
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	4.4 CITY-ST-ZIP	NSB FL 32168
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 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.

SIGNATURE: *Clinton Jason* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99

Date

904-426-6242

Daytime Phone #