

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION
 ANNUAL REPORT
 1999



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

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 Country	29 Zip Country	NOT APPLICABLE
24	30	Applied For
		Not Applicable

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	Clanton 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 *Jason Clanton* Treasurer DATE 01-10-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	DWYER, DONALD
STREET ADDRESS	1850 PIONEER TRAIL
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	BALMER, CHRISTOPHER L
STREET ADDRESS	1850 PIONEER TRAIL
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	ESPOSITO, CLAUDINE
STREET ADDRESS	1850 PIONEER TRAIL
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	MCGINNIS, WILLIAM
STREET ADDRESS	1850 PIONEER TRAIL
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Diaz, Rubin
1.3 STREET ADDRESS	1850 Pioneer Trail
1.4 CITY-ST-ZIP	NSB FL 32168
2.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ardley, LouAnn
2.3 STREET ADDRESS	1850 Pioneer Trail
2.4 CITY-ST-ZIP	NSB FL 32168
3.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Clanton Jason
3.3 STREET ADDRESS	1850 Pioneer Trail
3.4 CITY-ST-ZIP	NSB FL 32168
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tate, Dale
4.3 STREET ADDRESS	1850 Pioneer Trail
4.4 CITY-ST-ZIP	NSB 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	

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 ****175.00 ****175.00

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: *Jason Clanton* SIGNATURE REQUIRED
 1-4-99 904-426-6242
Signature and typed or printed name of signing officer or director Date Daytime Phone #

KE