

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000000701

FILED
Oct 15, 2009
Secretary of State

Entity Name: HOSFORD-TELOGIA VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

17081 NE SR 65
TELOGIA, FL 32360

New Principal Place of Business:

17081 NE SR 65
HOSFORD, FL 32334

Current Mailing Address:

P.O. BOX 317
HOSFORD, FL 323340317

New Mailing Address:

FEI Number: 59-3446302 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SUMNER, RUDY G
HWY 65 S
TELOGIA, FL 32360 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RUDY SUMNER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BROWN, LARYUS
Address: RT 1 BOX 36
City-St-Zip: HOSFORD, FL 32334

Title: T () Delete
Name: ARNOLD, SHANNA
Address: PO BOX 181
City-St-Zip: TELOGIA, FL 32360

Title: V () Delete
Name: KENT, IVEY
Address: PO BOX 166
City-St-Zip: TELOGIA, FL 32360

Title: D () Delete
Name: EVANS, BILL
Address: PO BOX 276
City-St-Zip: HOSFORD, FL 32334

Title: P () Delete
Name: SUMNER, RUDY
Address: PO BOX 72
City-St-Zip: TELOGIA, FL 32360

Title: D () Delete
Name: KINCAID, BRAD
Address: PO BOX 506
City-St-Zip: HOSFORD, FL 32334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AC (X) Change () Addition
Name: BROWN, LARYUS
Address: RT 1 BOX 36
City-St-Zip: HOSFORD, FL 32334

Title: T (X) Change () Addition
Name: SUMNER, PAM
Address: PO BOX 166
City-St-Zip: TELOGIA, FL 32360

Title: C (X) Change () Addition
Name: FAIRCLOTH, FELIX
Address: 22459 NE WOODMAN OF THE WORLD RD
City-St-Zip: HOSFORD, FL 32334

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROWN, SARAH
Address: RT 1 BOX 36
City-St-Zip: HOSFORD, FL 32334

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUDY SUMNER

P

10/15/2009

Electronic Signature of Signing Officer or Director

Date