## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 702931** 

FILED Jan 06, 2006 Secretary of State

Entity Name: WEST MELBOURNE VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

109 NW PINE ST

WEST MELBOURNE, FL 32904 US

Current Mailing Address: New Mailing Address:

109 NW PINE ST

WEST MELBOURNE, FL 32904 US

FEI Number: 59-2412390 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOHLMAN, ERIC M
4590 BECK LAKE TRL

KOHLMAN, ERIC M
1015 VENETIAN DRIVE

APT #2 #205

MELBOURNE, FL 32901 US WEST MELBOURNE, FL 32904 US

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: ERIC M. KOHLMAN 01/06/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: KOHLMAN, ERIC M Name: KOHLMAN, ERIC M

 Address:
 4590 BECK LAKE TRL
 Address:
 1015 VENETIAN DRIVE

 City-St-Zip:
 MELBOURNE, FL 32901
 City-St-Zip:
 WEST MELBOURNE, FL 32904

Title: DVC (X) Delete Title: ( ) Change ( ) Addition

Name: ROBERTS, STEVE N Name:
Address: 1322 CARR CR Address:

Address: 1322 CARR CR Address:
City-St-Zip: PALM BAY, FL 32905 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SMITH, ROBERT
 Name:

 Address:
 2350 DELWARE DRIVE
 Address:

 City-St-Zip:
 MELBOURNE, FL 32935
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HAND, BRIAN
 Name:

 Address:
 2165 MCCAIN LANE
 Address:

 City-St-Zip:
 MALABAR, FL 32950
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 THOMAS, CHRIS
 Name:

 Address:
 1809 GUAVA AVE
 Address:

 City-St-Zip:
 MELBOURNE, FL 32935
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ERIC M. KOHLMAN PD 01/06/2006