2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 703271

FILED Nov 25, 2008 Secretary of State

Entity Name: TRI-COMMUNITY FIRE ASSOCIATION, INC.

	rincipal Place of Business:	New Principal Place of Business:
38316 SR LACOOCH	575 HEE, FL 33537 US	
Current M	lailing Address:	New Mailing Address:
P.O. BOX LACOOCH	558 HEE, FL 131C US	
n accordan	: 59-1816703 FEI Number Applied For (ce with s. 607.193(2)(b), F.S., the corporation	did not receive the prior notice.
GIBSON, ⁻ 21116 SLA	I Address of Current Registered Ager THERESIA AUGHTER ROAD HEE, FL 33537 US	nt: Name and Address of New Registered Agent:
	named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE: THERESIA GIBSON	
	Electronic Signature of Registere	d Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address:	D () Delete MORGAN, MICHAEL 14835 RAMSEY RD DADE CITY, FL 33523	Title: () Change () Addition Name: Address: City-St-Zip:
City-St-∠ip:		
Title: Vame: Address:	V () Delete GIBSON, LAMAR 21116 SLAUGHTER RD LACOOCHEE, FL 33537	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip: Title: Name: Address:	GIBSON, LAMÁR 21116 SLAUGHTER RD	Title: () Change () Addition Name: Address:
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GIBSON, LAMÁR 21116 SLAUGHTER RD LACOOCHEE, FL 33537 T () Delete GIBSON, THERESIA 21116 SLAUGHTER RD	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	GIBSON, LAMAR 21116 SLAUGHTER RD LACOOCHEE, FL 33537 T () Delete GIBSON, THERESIA 21116 SLAUGHTER RD LACOOCHEE, FL 33537 D () Delete MORGAN, JEFF BLANTON RD	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

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: THERESIA GIBSON TREA 11/25/2008