

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 710284

FILED  
Oct 26, 2007  
Secretary of State

**Entity Name:** HOMOSASSA VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

8404 W. HOMOSASSA TRAIL  
HOMOSASSA, FL 34447 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 516  
HOMOSASSA, FL 34447 US

**New Mailing Address:**

**FEI Number:** 59-2350118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRENNAN, MICHAEL T  
2333 S. TENNYSON RD  
HOMOSASSA, FL 34448 US

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

BRENNAN, MICHAEL T  
5990 SOUTH ASHLAWN WAY  
HOMOSASSA, FL 34448 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: MICHAEL T. BRENNAN

10/26/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRENNAN, MICHAEL T  
Address: 233 S. TENNYSON PT  
City-St-Zip: HOMOSASSA, FL 34487 US

Title: VD ( ) Delete  
Name: WILLIAMS, WAYNE  
Address: 41 SAPP ST.  
City-St-Zip: INGLIS, FL 34449 US

Title: T ( ) Delete  
Name: SCOTT, KEVIN  
Address: 6473 W. PELICAN LN  
City-St-Zip: HOMOSASSA, FL 34448

Title: T ( ) Delete  
Name: CARNEY, JOSEPH  
Address: 4535 S. LEISURE BLVD  
City-St-Zip: LECANTO, FL 34461

Title: STD ( ) Delete  
Name: MEIER, PAT  
Address: 8 COLUMBRINA CT  
City-St-Zip: HOMOSASSA, FL 34449

Title: T ( ) Delete  
Name: TEAR, CHARLES  
Address: 8230 W. BAVARIAN ST  
City-St-Zip: HOMOSASSA, FL 34446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BRENNAN, MICHAEL T  
Address: 5990 SOUTH ASHLAWN WAY  
City-St-Zip: HOMOSASSA, FL 34488 US

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

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

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

Title: STD (X) Change ( ) Addition  
Name: MEIER, PAT  
Address: 8 COLUMBRINA CT  
City-St-Zip: HOMOSASSA, FL 34446

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

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: PATRICIA MEIER

STD

10/26/2007

Electronic Signature of Signing Officer or Director

Date