

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 17 AM 8:00

## REINSTATEMENT *04*



<b>DOCUMENT # 720545</b> 1. Entity Name LAKE PANASOFFKEE FIRE PROTECTIVE ASSOCIATION, INC.					
Principal Place of Business 1448 CR 459 P.O. BOX 708 LAKE PANASOFFKEE, FL 33538		Mailing Address P.O. BOX 708 LAKE PANASOFFKEE, FL 33538			
2. Principal Place of Business <b>SAME AS ABOVE</b>		3. Mailing Address <b>SAME AS ABOVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-1010045	
5. Certificate of Status Desired <input type="checkbox"/>		10292004 REIN-NP		CR2E099 (6/04) <i>MRB</i>	
\$8.75 Additional Fee Required		Not Applicable		Add'l For Not Applicable	
6. Name and Address of Current Registered Agent  ELLIOTT, GENE T. <del>2000 CR 422A</del> <b>453 NO. C.R. 470</b> LAKE PANASOFFKEE, FL 33538				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Numbers Not Accepted) <b>453 No. C.R. 470</b>  City <b>Lake Panasoffkee</b> FL Zip Code <b>33538</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Gene T. Elliott</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2005, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE PD <input type="checkbox"/> Delete NAME ELLIOTT, GENE T. STREET ADDRESS 453 N CR 470 CITY ST ZIP LAKE PANASOFFKEE, FL 33538	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP		<b>300043491863</b> <b>12/17/04--01048--008 **236.25</b>		
TITLE VPD <input type="checkbox"/> Delete NAME EVES, KENNETH L. STREET ADDRESS 2396 CR 452, P.O. BOX 1375 CITY ST ZIP LAKE PANASOFFKEE, FL 33538	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>T.D. KENYON, VIRGINIA M.</b> STREET ADDRESS <b>P.O. Box 358</b> CITY ST ZIP <b>LAKE PANASOFFKEE FL 33538</b>		
TITLE TD <input checked="" type="checkbox"/> Delete NAME ROBERT, ESTOR STREET ADDRESS 2635 CR 415 CITY ST ZIP LAKE PANASOFFKEE, FL 33538	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP		
TITLE SD <input type="checkbox"/> Delete NAME KRAUSE, GRACE STREET ADDRESS P.O. BOX 1099 CITY ST ZIP LAKE PANASOFFKEE, FL 33538	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>D NORTON, ROGER A.</b> STREET ADDRESS <b>P.O. Box 1222</b> CITY ST ZIP <b>LAKE PANASOFFKEE FL 33538</b>		
TITLE D <input type="checkbox"/> Delete NAME OSTROWSKI, RICK STREET ADDRESS 4758 CR 307 CITY ST ZIP LAKE PANASOFFKEE, FL 33538	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP		
TITLE D <input checked="" type="checkbox"/> Delete NAME KENYON, VIRGINIA STREET ADDRESS 2348 CR 453; P.O. BOX 358 CITY ST ZIP LAKE PANASOFFKEE, FL 33538	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or subsequent 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 10 or Block 11 if changed, or on an attachment with an address, with a power of attorney.					
SIGNATURE: <b>GENE T. ELLIOTT</b> <i>Gene T. Elliott</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					