

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 734800

FILED
Oct 20, 2005
Secretary of State

Entity Name: LOUGHMAN VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

510 RONALD REGAN PKWY
P O BOX 513
LOUGHMAN, FL 33896 US

New Principal Place of Business:

510 RONALD REGAN PKWY
P O BOX 513
LOUGHMAN, FL 33858 US

Current Mailing Address:

P O BOX 513
LOUGHMAN, FL 33858 US

New Mailing Address:

FEI Number: 52-9600809 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

LEWIS, DOUGLAS A
BARTOW AIR BASE BLDG 410
BARTOW, FL US

Name and Address of New Registered Agent:

SUAREZ, R. E.
510 RONALD REGAN PKWY
LOUGHMAN, FL 33858 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: R.E. SUAREZ

10/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DTS () Delete
Name: BUTLER, JOSEPHINE
Address: 6540 OLD LAKE WILSON RD.
City-St-Zip: LOUGHMAN, FL 33896

Title: DP () Delete
Name: LEPPERT, CHARLES
Address: 44 LONE PINE COURT
City-St-Zip: DAVENPORT, FL 338379501

Title: D () Delete
Name: CANDLEARIO, DONNA
Address: 6540 OLD LAKE WILSON RD
City-St-Zip: LOUGHMAN, FL 33896

Title: VPD () Delete
Name: PAYNE, MATT
Address: 423 PETE'S LANE
City-St-Zip: DAVENPORT, FL 33837

Title: D (X) Delete
Name: STATELER, DAN
Address: 308 RONALD REGAN PKWY
City-St-Zip: LOUGHMAN, FL 33896

Title: D (X) Delete
Name: BREWER, KAMIE
Address: 321 HART ROAD
City-St-Zip: LOUGHMAN, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SCARBOROUGH, KAMIE
Address: PO BOX 513
City-St-Zip: LOUGHMAN, FL 33858

Title: S&T (X) Change () Addition
Name: SUAREZ, R. E.
Address: PO BOX 513
City-St-Zip: LOUGHMAN, FL 33858

Title: BM (X) Change () Addition
Name: SCARBOROUGH, JAMES
Address: PO BOX 513
City-St-Zip: LOUGHMAN, FL 33858

Title: BM (X) Change () Addition
Name: STATELER, DANIEL
Address: PO BOX 513
City-St-Zip: LOUGHMAN, FL 33858

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: R.E. SUAREZ

S&T

10/20/2005

Electronic Signature of Signing Officer or Director

Date