

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 734800

FILED
Aug 17, 2007
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 33858 US

New Principal Place of Business:

510 RONALD REGAN PKWY
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:

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

Name and Address of New Registered Agent:

SCARBOROUGH, KAMIE
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: KAMIE SCARBOROUGH

08/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: KAMIE SCARBOROUGH

PRES

08/17/2007

Electronic Signature of Signing Officer or Director

Date