

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 736928

**FILED**  
**Oct 31, 2013**  
**Secretary of State**

**Entity Name:** APALACHEE BAY VOLUNTEER FIRE & RESCUE DEPARTMENT, INC.

**Current Principal Place of Business:**

1448 SHELL PT RD  
CRAWFORDVILLE, FL 32327 US

**New Principal Place of Business:**

**Current Mailing Address:**

1448 SHELL PT RD  
CRAWFORDVILLE, FL 32327 US

**New Mailing Address:**

**FEI Number:** 59-2503586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCMULLEN, WALTER  
2740 SPRINGCREEK HWY  
CRAWFORDVILLE, FL 32327 US

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

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: WALTER MCMULLEN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PRICE, BYRON L  
Address: 1448 SHELL PT. RD.  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D  
Name: MCMULLEN, WALTER  
Address: 2740 SPRINGCREEK HWY  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D  
Name: KEVIN, MURPHY  
Address: 66 CONNIE DR  
City-St-Zip: CRAWFORDVILLE, FL 32327 WA

I hereby 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 all other like empowered.

SIGNATURE: WALTER MCMULLEN

D

10/31/2013

Electronic Signature of Signing Officer or Director

Date