

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 739364

FILED
Dec 13, 2004
Secretary of State

Entity Name: PALM CITY VOLUNTEER FIREMAN'S ASSOCIATION, INC.

Current Principal Place of Business:

1150 S.W. MARTIN DOWNS BLVD.
P O BOX 5
PALM CITY, FL 34990

New Principal Place of Business:

1150 S.W. MARTIN DOWNS BLVD.
P O BOX 1005
PALM CITY, FL 34990

Current Mailing Address:

P.O. BOX 1005
PALM CITY, FL 34991 US

New Mailing Address:

FEI Number: 59-1763744 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RANSEN, WILLIAM
3417 SW CORWELL AVE
PALM CITY, FL 34990 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: RANSON, WILLIAM
Address: 3417 SW CORWELL AVE
City-St-Zip: PALM CITY, FL 34990

Title: ST () Delete
Name: SMITH, LIONEL
Address: 4560 S.W. OSCAR COURT
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D () Delete
Name: GOETHEL, DOUG
Address: 1804 SW GREGOR WAY
City-St-Zip: STUART, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: LAVARGNA, LARRY
Address: 4354 SW OAKHAVEN LN
City-St-Zip: PALMCITY, FL 34990

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: WILLIAM R RANSON

PT

12/13/2004

Electronic Signature of Signing Officer or Director

Date