


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 30 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 749971</b> 1. Entity Name PACE FIRE/RESCUE DISTRICT, INC.	
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Principal Place of Business 4541 MAJORS STREET PACE, FL 32571 US	Mailing Address P.O. BOX 1082 PACE, FL 32571
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



<b>6. Name and Address of Current Registered Agent</b>  EDWARDS, LLOYD 4685 HALIRITA PACE, FL 32571	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City
FL Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2008, Fee will be \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	<b>Make check payable to:</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P EDWARDS, LLOYD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, LLOYD	NAME	
STREET ADDRESS	4685 HALIRITE	STREET ADDRESS	
CITY-ST-ZIP	PACE, FL 32571	CITY-ST-ZIP	
TITLE	S WADKINS, PAT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADKINS, PAT	NAME	
STREET ADDRESS	4160 STEPHENS RD.	STREET ADDRESS	
CITY-ST-ZIP	PACE, FL	CITY-ST-ZIP	
TITLE	T TONY GENE BROXTON <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONY GENE BROXTON	NAME	
STREET ADDRESS	4112 COOLEY DR.	STREET ADDRESS	
CITY-ST-ZIP	PACE, FL	CITY-ST-ZIP	
TITLE	TR WADKINS, CONNIE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADKINS, CONNIE	NAME	
STREET ADDRESS	3965 E DIAMOND	STREET ADDRESS	
CITY-ST-ZIP	PACE, FL	CITY-ST-ZIP	
TITLE	TR NELL CRISCO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELL CRISCO	NAME	
STREET ADDRESS	4108 RIDDLE ST	STREET ADDRESS	
CITY-ST-ZIP	PACE, FL 32571	CITY-ST-ZIP	
TITLE	V HOWINGTON, MIRANDA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWINGTON, MIRANDA	NAME	
STREET ADDRESS	3978 PACE RD	STREET ADDRESS	
CITY-ST-ZIP	PACE, FL 32571	CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: PAT WADKINS SECRETARY 850-944-6884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/2-00