

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 751565

FILED  
Nov 13, 2006  
Secretary of State

**Entity Name:** ST. JOHNS PARK VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

COUNTY ROAD 305  
P. O. BOX 1729  
BUNNELL, FL 32110

**New Principal Place of Business:**

**Current Mailing Address:**

COUNTY ROAD 305  
P. O. BOX 1729  
BUNNELL, FL 32110

**New Mailing Address:**

**FEI Number:** 59-2611831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOWNING, MARY F.  
1655 S. CHAFFEE RD.  
JACKSONVILLE, FL 32221 US

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

KROL, JOHN J  
26 WINCHESTER RD.  
ORMOND BEACH, FL 32174 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: JOHN J. KROL

11/13/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOCK, DANETTE  
Address: RT 1 BOX 124-0  
City-St-Zip: BUNNELL, FL 32110

Title: D ( ) Delete  
Name: SANTORE, RALPH,  
Address: CR 305  
City-St-Zip: BUNNELL, FL 00000,

Title: D ( ) Delete  
Name: SHINNICK, MARGIE SEC  
Address: 1 PINETREE LANE  
City-St-Zip: BUNNELL, FL 32110

Title: T ( ) Delete  
Name: COPS, MICKIE  
Address: #7 BIMINI LANE  
City-St-Zip: BUNNELL, FL

Title: DC ( ) Delete  
Name: MORSE, ERIC DC  
Address: PO BOX 254  
City-St-Zip: BUNNELL, FL 32110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: D (X) Change ( ) Addition  
Name: KROL, JOHN J  
Address: 26 WINCHESTER RD  
City-St-Zip: ORMOND BEACH, FL 32174

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 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: ERIC MORSE

DC

11/13/2006

Electronic Signature of Signing Officer or Director

Date