


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 752933

1. Entity Name
SAND HILLS VOLUNTEER FIRE DEPARTMENT, INCORPORATED



Principal Place of Business
 400 JOSEPH CIR
 PANAMA CITY, FL 32409 US

Mailing Address
 400 JOSEPH CIR
 PANAMA CITY, FL 32409 US

2. Principal Place of Business
13010 Hwy 77
 Suite, Apt. #, etc.

3. Mailing Address
13010 Hwy 77
 Suite, Apt. #, etc.

City & State
Southport, FL

Zip
32409

Country
USA

6. Name and Address of Current Registered Agent

JEDI, ANDREA D
 400 JOSEPH CIR
 SOUTHPORT, FL 32409

7. Name and Address of New Registered Agent

Name **Victor A. Jed**

Street Address (P.O. Box Number is Not Acceptable)
400 Joseph Circle

City **Southport** FL Zip Code **32409**

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 *Vict A. Jed* **VICTOR A. JED** DATE **4/8/05**

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

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JED, VICTOR		NAME 800052140388	
STREET ADDRESS 400 JOSEPH CIR		STREET ADDRESS 04/26/05--01060--008	
CITY-ST-ZIP S PORT, FL 32409		CITY-ST-ZIP **131.25	
TITLE T	<input checked="" type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MILLS, WANDA		NAME JACQUELINE R. WHITE	
STREET ADDRESS 1932 CREAMER RD		STREET ADDRESS 12219 HIGHWAY 77	
CITY-ST-ZIP SOUTHPORT, FL 32409		CITY-ST-ZIP SOUTHPORT, FL 32409	
TITLE ST	<input checked="" type="checkbox"/> Delete	TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JEDI, ANDREA D		NAME DENISE JED	
STREET ADDRESS 400 JOSEPH CIR		STREET ADDRESS 400 JOSEPH CIRCLE	
CITY-ST-ZIP SOUTHPORT, FL 32409		CITY-ST-ZIP SOUTHPORT-FL-32409	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Denise Jed* **Denise Jed** DATE **4/8/05** (850) 265-9946

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

FILED
 05 APR 11 PM 12:42
 STATE OF FLORIDA



REINSTATEMENT
 04062005 REIN-NP CR2E099 (6/04) 04-05
 Number 59-6000512 Applied For