

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 APR -4 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*MRD*

<b>DOCUMENT # 761211</b>					
<b>1. Entity Name</b> SANDERSON VOLUNTEER FIREMAN'S ASSOCIATION INCORPORATED				03302005 REIN-NP      CR2E099 (6/04)	
<b>Principal Place of Business</b> SANDERS VOL FIREMAN'S ASSOC. 14275 W US 90 SANDERSON, FL 32087		<b>Mailing Address</b> SANDERS VOL FIREMAN'S ASSOC. 14275 W US 90 SANDERSON, FL 32087			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-2364659	
Zip		Zip		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
DAVIS, CARLTON 11422 N COUNTY ROAD 229 SANDERSON, FL 32807				Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code	
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.				<b>REINSTATEMENT 04-05</b>	
SIGNATURE: <i>Carlton Davis</i> CARLTON DAVIS      3-30-05				DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>FILE NOW!!! FEE IS \$297.50</b>				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> PD <b>NAME</b> DAVIS, CARLTON <b>STREET ADDRESS</b> 11422 N COUNTY ROAD 229 <b>CITY-ST-ZIP</b> SANDERSON, FL 32087	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> HODGES, GARY <b>STREET ADDRESS</b> 1066 S. CR 229 <b>CITY-ST-ZIP</b> GLEN SAINT MARY, FL 32040	<input type="checkbox"/> Delete		900051201509 04/19/05--01037--016 **297.50		
<b>TITLE</b> VD <b>NAME</b> BAGLIN, ROBERT <b>STREET ADDRESS</b> 13852 COLUMBIA ST <b>CITY-ST-ZIP</b> SANDERSON, FL 32087	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> SD <b>NAME</b> DAVIS, RONALD C. <b>STREET ADDRESS</b> 13737 CEDAR CREEK DR <b>CITY-ST-ZIP</b> SANDERSON, FL 32087	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> TD <b>NAME</b> JACOBS, WILLIAM <b>STREET ADDRESS</b> 1274 THORNTON RD <b>CITY-ST-ZIP</b> GLEN SAINT MARY, FL 32040	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
SIGNATURE: <i>Ronald C. Davis</i> RONALD C. DAVIS      3-30-05      904-275-2663				DATE      Daytime Phone #	
Signature and typed or printed name of signing officer or director				Date      Daytime Phone #	