2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2005
Secretary of State

DOCUMENT# N00000000399

Entity Name: CORAL SPRINGS PROFESSIONAL FIRE FIGHTERS BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

2801 CORAL SPRINGS DR
CORAL SPRINGS, FL 33065

New Principal Place of Business:

P.O. BOX 9665
CORAL SPRINGS, FL 33075

Current Mailing Address:

17076 44 PL N
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0974418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALKER, BETH
17076 44 PL N
LOXAHATCHEE, FL 33470 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: PATRICK ELLIS
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ELLIS, PATRICK
Address: 311 LAKE DR
City-St-Zip: COCONUT CREEK, FL 33066

Title: VD ( ) Delete
Name: LOPEZ, EDUARDO J
Address: 2601 W. 74TH TERR.
City-St-Zip: HIALEAH, FL 33016

Title: STD ( ) Delete
Name: WALKER, BETH A
Address: 2711 N. 72ND WAY
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: OLEJNICZAK, KEVIN
Address: 6220 NW 6 ST
City-St-Zip: MARGATE, FL 33068

Title: STD (X) Change ( ) Addition
Name: WALKER, BETH A
Address: 17076 44 RD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

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: PATRICK ELLIS PD 10/05/2005
Electronic Signature of Signing Officer or Director — Date