2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000006227

FILED Nov 15, 2005 Secretary of State

Entity Name: O'BRIEN VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

10121 CR 349 O'BRIEN, FL 32071

Current Mailing Address: New Mailing Address:

PO BOX 113 O'BRIEN, FL 32071

FEI Number: 59-3671927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

BROWN, MARISSA HAYES, SUSAN 22997 96TH STREET PO BOX 262

LIVE OAK, FL 32060 US O'BRIEN, FL 32071 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: SUSAN HAYES 11/15/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: ST (X) Change () Addition

 Name:
 MATTHEWS, JODY
 Name:
 HAYES, SUSAN

 Address:
 11548 202 ST
 Address:
 PO BOX 262

 City-St-Zip:
 O BRIEN, FL 32071
 City-St-Zip:
 O BRIEN, FL 32071

Title: P () Delete Title: P (X) Change () Addition

 Name:
 NAGY, TIM
 Name:
 NAGY, TIMOTHY G

 Address:
 22230 111TH DR
 Address:
 26089 83RD ROAD

 City-St-Zip:
 O"BRIEN, FL 32071
 City-St-Zip:
 BRANFORD, FL 32008

Title: V () Delete Title: () Change () Addition

 Name:
 DOWDY, TRACY
 Name:

 Address:
 22230 111TH DR
 Address:

 City-St-Zip:
 0 BRIEN, FL 32071
 City-St-Zip:

Title: ST () Delete Title: D (X) Change () Addition

 Name:
 BROWN, MARISSA
 Name:
 HAYES, DONALD

 Address:
 22997 96TH ST
 Address:
 PO BOX 262

 City-St-Zip:
 LIVE OAK, FL 32060
 City-St-Zip:
 O'BRIEN, FL 32071

Title: D () Delete Title: () Change () Addition

 Name:
 HAUCH, MIKE (
 Name:

 Address:
 12335 208TH ST
 Address:

 City-St-Zip:
 O BRIEN, FL 32071
 City-St-Zip:

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: TIMOTHY NAGY P 11/15/2005