2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 03, 2008
Secretary of State

DOCUMENT# N02000005756

Entity Name: EAST MILTON VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

5081 WARD BASIN RD
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 791
MILTON, FL 32572

New Mailing Address:

FEI Number: 59-3141840 **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:

LOWERY, GEORGE
5081 WARD BASIN RD
MILTON, FL 32583 US

Name and Address of New Registered Agent:

LOWERY, DENISE
5081 WARD BASIN RD
MILTON, FL 32583 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: DENISE LOWERY 11/03/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: WARD, GERALD
Address: 5081 WARD BASIN RD
City-St-Zip: MILTON, FL 32583

Title: V/P ( ) Delete
Name: THOMPSON, JEANNIE
Address: 5081 WARD BASIN RD
City-St-Zip: MILTON, FL 32583

Title: TRES ( ) Delete
Name: NICK, PHYLLIS
Address: 5081 WARD BASIN RD
City-St-Zip: MILTON, FL 32583

Title: SEC ( ) Delete
Name: LOWERY, DENISE
Address: 5081 WARD BASIN RD
City-St-Zip: MILTON, FL 32583

Title: TRUS ( ) Delete
Name: BERRIAN, TIM
Address: 5081 WARD BASIN RD
City-St-Zip: MILTON, FL 32583

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

Title: TRUS (X) Change ( ) Addition
Name: LATHAN, CARLA
Address: 5081 WARD BASIN RD
City-St-Zip: MILTON, FL 32583

I hereby certify that the information supplied with this filing does not qualify 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: DENISE LOWERY SEC 11/03/2008
Electronic Signature of Signing Officer or Director Date