

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000002188

FILED
Feb 04, 2009
Secretary of State

Entity Name: ORANGE CITY FIRE DEPARTMENT ASSOCIATION, INC.

Current Principal Place of Business:

215 N. HOLLY AVE.
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

944 SYLVA AVE.
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEVERT, SUSAN M
944 SYLVA AVE
ORANGE CITY, FL 32763 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: SUSAN SIEVERT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, CHARLES R
Address: 580 HEATHER LANE
City-St-Zip: ORANGE CITY, FL 32763

Title: VP () Delete
Name: CREWS, THOMAS W
Address: 2401 GREENHEDGE RD
City-St-Zip: ORAGNE CITY, FL 32763

Title: S () Delete
Name: SIEVERT, SUSAN M
Address: 944 SYLVA AVE.
City-St-Zip: ORANGE CITY, FL 32763

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:

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: SUSAN SIEVERT

SEC

02/04/2009

Electronic Signature of Signing Officer or Director

Date