

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000003862

FILED
Oct 08, 2007
Secretary of State

Entity Name: MARTIN COUNTY PROFESSIONAL FIREFIGHTERS BUILDING FUND, INC.

Current Principal Place of Business:

PO BOX 469
PALM CITY, FL 34990

New Principal Place of Business:

2680 SE WILLOUGHBY BLVD
STUART, FL 34997

Current Mailing Address:

PO BOX 469
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 41-2145476 **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:

MIERZWA & ASSOCIATES, P.A.
3900 WOODLAKE BLVD STE 212
LAKE WORTH, FL 33463 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: SCOTT SCHLAWIEDT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIDSON, JOHN
Address: PO BOX 469
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: HALL, PRISCILLA
Address: PO BOX 469
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: MARZUCCA, MARK
Address: PO BOX 469
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SCHLAWIEDT, SCOTT
Address: PO BOX 469
City-St-Zip: PALM CITY, FL 34990

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: SCOTT SCHLAWIEDT

D

10/08/2007

Electronic Signature of Signing Officer or Director

Date