## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000004042

FILED Dec 21, 2007 Secretary of State

Entity Name: HILLSBOROUGH FIREFIGHTERS BENEVOLENT ASSOCIATION INC

**Current Principal Place of Business:** 

C/O RON HOWELL 4230 S MACDILL AVE C/O RON HOWELL 111 2ND AVE NE

SUITE E SUITE 157

TAMPA, FL 33611 ST PETERSBURG, FL 33701

**Current Mailing Address:** New Mailing Address:

C/O RON HOWELL 4230 S MACDILL AVE C/O RON HOWELL 111 2ND AVE NE

SUITE E SUITE 157

TAMPA, FL 33611 ST PETERSBURG, FL 33701

FEI Number: 01-0813454 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HALLMAN, BK HALLMAN, BRENT K

C/O RON HOWELL 4230 S MACDILL AVE C/O RON HOWELL 111 2ND AVE NE

SUITE E SUITE 157

TAMPA, FL 33611 US ST PETE, FL 33710 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: BRENT K. HALLMAN 12/21/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

() Delete (X) Change ( ) Addition

HALLMAN, B K HALLMAN, B K Name: Name:

Address: C/ O RON HOWELL 4230 S MACDILL AVE SUITE E Address: C/ O RON HOWELL 111 2ND AVE NE SUITE 157 TAMPA, FL 33611 ST PETERSBURG, FL 33701

City-St-Zip: City-St-Zip:

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

Name: LARUSSA, JOHN Name: LARUSSA, JOHN

Address: C/O RON HOWELL 4230 S MACDILL AVE SUITE E Address: C/O RON HOWELL 111 2ND AVE NE SUITE 157

City-St-Zip: TAMPA, FL 33611 City-St-Zip: ST PETERSBURG, FL 33701

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: BRENT K. HALLMAN Ρ 12/21/2007