2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Aug 29, 2009
Secretary of State

DOCUMENT# N04000004042

Entity Name: HILLSBOROUGH FIREFIGHTERS BENEVOLENT ASSOCIATION INC

Current Principal Place of Business:

C/O RON HOWELL 111 2ND AVE NE
SUITE 157
ST PETERSBURG, FL 33701

New Principal Place of Business:

13510 GREENTREE DR
TAMPA, FL 33613

Current Mailing Address:

C/O RON HOWELL 111 2ND AVE NE
SUITE 157
ST PETERSBURG, FL 33701

New Mailing Address:

13510 GREENTREE DR
TAMPA, FL 33613

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

Name and Address of Current Registered Agent:

HALLMAN, BRENT K
C/O RON HOWELL 111 2ND AVE NE
SUITE 157
ST PETE, FL 33710 US

Name and Address of New Registered Agent:

HALLMAN, BRETT K
13510 GREENTREE DR
TAMPA, FL 33613 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: BRETT KELLY HALLMAN 08/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HALLMAN, B K
Address: C/ O RON HOWELL 111 2ND AVE NE SUITE 157
City-St-Zip: ST PETERSBURG, FL 33701

Title: V ( ) Delete
Name: LARUSSA, JOHN
Address: C/O RON HOWELL 111 2ND AVE NE SUITE 157
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HALLMAN, B K
Address: 13510 GREENTREE DR
City-St-Zip: TAMPA, FL 33613

Title: V (X) Change ( ) Addition
Name: ONAN, TROY
Address: 13510 GREENTREE DR
City-St-Zip: TAMPA, FL 33613

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: BRETT KELLY HALLMAN P 08/29/2009
Electronic Signature of Signing Officer or Director Date