2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# N05000008959

Entity Name: LAND O' LAKES VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

21709 HALE ROAD
LAND O' LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 95
LAND O' LAKES, FL 34639

New Mailing Address:

FEI Number: 59-2586827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUERTAS, ALICIA
24818 SIENA DRIVE
LUTZ, FL 33559 US

Name and Address of New Registered Agent:

TOLAND, THEAKER T
4312 VENICE DRIVE
LAND O LAKES, FL 34639 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: THEAKER T TOLAND 01/29/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PATON, KYLE
Address: 21709 HALE RD
City-St-Zip: LAND O LAKES, FL 34639

Title: D ( ) Delete
Name: PUERTAS, ORLANDO
Address: 24818 SIENA DRIVE
City-St-Zip: LUTZ, FL 33559

Title: T ( ) Delete
Name: PUERTAS, ALICIA
Address: 24818 SIENA DRIVE
City-St-Zip: LUTZ, FL 33559

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOCK, DAVID M
Address: 4148 WAJER ROAD
City-St-Zip: LAND O LAKES, FL 34638

Title: D (X) Change ( ) Addition
Name: PUERTAS, ORLANDO
Address: 21709 HALE ROAD
City-St-Zip: LAND O LAKES, FL 34639

Title: T (X) Change ( ) Addition
Name: TOLAND, THEAKER T JR
Address: 4312 VENICE DRIVE
City-St-Zip: LAND O LAKES, FL 34639

Title: S ( ) Change (X) Addition
Name: MCVETTY, MICHAEL
Address: 12176 MONARCO LANE
City-St-Zip: SPRING HILL, FL 34609

Title: VP ( ) Change (X) Addition
Name: OLDING, ROBERT
Address: 21709 HALE ROAD
City-St-Zip: LAND O LAKES, FL 34639

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: THEAKER T TOLAND JR T 01/29/2008
Electronic Signature of Signing Officer or Director Date