

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

09 JAN 23 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11242008 REIN-NP CR2E099 (1/07)

4. FEI Number
03-0558001
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERMAN, JERRY M
156 N. RIFLE RANGE RD.
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

Name
SETSER RONALD H.
Street Address (P.O. Box Number is Not Acceptable)
156 N. RIFLE RANGE RD
City
WINTER HAVEN, FL Zip Code
33880

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RONALD H. SETSER**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-09

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HERMAN, JERRY M
156 N. RIFLE RANGE RD.
WINTER HAVEN, FL 33880 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
GOLLIHER, DONNA
156 N. RIFLE RANGE RD.
WINTER HAVEN, FL 33880 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800141888438
01/23/09--01005--025 **297.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
HECK, MARK A
156 N. RIFLE RANGE RD.
WINTER HAVEN, FL 33880 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SETSER RONALD H
156 N. RIFLE RANGE RD
WINTER HAVEN, FL 33880 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECY.
DONNA J. SETSER
156 N. RIFLE RANGE RD
WINTER HAVEN, FL 33880 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **R. H. SETSER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-09

Date

863-324-3144

Daytime Phone *