

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000009672

**FILED**  
**Oct 16, 2009**  
**Secretary of State**

**Entity Name:** MINNEOLA FIREFIGHTER BENEVOLENT ASSOCIATION, INC

**Current Principal Place of Business:**

811 S. GALENA AVE.  
MINNEOLA, FL 34715

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 678  
MINNEOLA, FL 34755

**New Mailing Address:**

P.O. BOX 998  
MINNEOLA, FL 34755

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

MAHIRGLY, BRADLEY  
811 S GARLENA AVE  
MINNEOLA, FL 34715 US

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

RHODEN, JERRY PRES.  
811 S GARLENA AVE  
MINNEOLA, FL 34715 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: JERRY RHODEN

10/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RHODEN, JERRY  
Address: 811 S. GALENA AVE  
City-St-Zip: MINNEOLA, FL 34715 US

Title: VP ( ) Delete  
Name: GARBARAUAGE, JOE  
Address: 811 S. GALENA AVE  
City-St-Zip: MINNEOLA, FL 34715 US

Title: S/T ( ) Delete  
Name: MAHINGLEY, BRADLEY  
Address: 811 S GALENA AVE  
City-St-Zip: MINNEOLA, FL 34715 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: CROW, TIMOTHY L  
Address: 811 S. GALENA AVE  
City-St-Zip: MINNEOLA, FL 34715 US

Title: S/T (X) Change ( ) Addition  
Name: MEADOWS, ROSS  
Address: 811 S GALENA AVE  
City-St-Zip: MINNEOLA, FL 34715 US

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: TIMOTHY L. CROW

VP

10/16/2009

Electronic Signature of Signing Officer or Director

Date