

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000001659

FILED
Oct 15, 2009
Secretary of State

Entity Name: NORTH PORT FIREFIGHTERS BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

3415 MAGIC OAK LANE
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

3415 MAGIC OAK LANE
SARASOTA, FL 34232

New Mailing Address:

P.O. BOX 8003
NORTH PORT, FL 34290

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:

DENT, JOHN C ESQ
3415 MAGIC OAK LANE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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: JOHN C. DENT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HALVORSEN, KRISTY
Address: 4631 KENNETT STREET
City-St-Zip: NORTH PORT, FL 34288

Title: DV () Delete
Name: INGALLS, DAVE
Address: 2527 ALLIING TERRACE
City-St-Zip: NORTH PORT, FL 34288

Title: DS () Delete
Name: FERGUSON, TRENT
Address: 2251 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: DT () Delete
Name: RODRIGUEZ, GERARDO
Address: 6510 CALLAGHAN LANE
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KRISTY HALVORSEN

DP

10/15/2009

Electronic Signature of Signing Officer or Director

Date