

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N10000005941

1. Entity Name

CAPITAL CITY FIREFIGHTERS INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 APR 23 AM 10:53

Principal Place of Business
1614 SHAKESPEARE DR
TALLAHASSEE, FL 32317

Mailing Address
1614 SHAKESPEARE DR
TALLAHASSEE, FL 32317

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



04232014 REIN-NP

CR2E099 (12/11)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

27-2517687

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RONG, FRANK
3116 CAPITAL CIRCLE NE
3
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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
ROLLINS, TONNIE
1614 SHAKESPEARE DR
TALLAHASSEE, FL 32303 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
BROWN, ANNETTE
2021 KINGSBRIDGE CT.
TALLAHASSEE, FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
900259367189
04/23/14--01009--005 **306.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SEC
BROWN, JESSICA
2021 KINGSBRIDGE CT
TALLAHASSEE, FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

E-MAIL ADDRESS