

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10391

FILED  
Oct 24, 2005  
Secretary of State

**Entity Name:** PONTE VEDRA VOLUNTEER FIRE DEPARTMENT INC.

**Current Principal Place of Business:**

C/O JOSH LEMASTER  
P.O. BOX 220  
PONTE VEDRA BEACH, FL 320040220

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOSH LEMASTER  
P.O. BOX 220  
PONTE VEDRA BEACH, FL 320040220

**New Mailing Address:**

**FEI Number:** 59-2875274      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

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

WILLIAMS, STUART A  
155 LIBRARY BLVD.  
(PO BOX 220)  
PONTE VEDRA, FL 32082 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: STUART A WILLIAMS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILLIAMS, STUART A  
Address: 55 LIBRARY BLVD  
City-St-Zip: PONTE VERDA, FL 32082

Title: PD ( ) Delete  
Name: WISNOSKY, GEORGE  
Address: 582 LAKE RD  
City-St-Zip: PONTE VEDRA, FL 32082

Title: D ( ) Delete  
Name: RODRIGUEZ, MIKE  
Address: 55 LIBRARY BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STUART A WILLIAMS

D

10/24/2005

Electronic Signature of Signing Officer or Director

Date