

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 26 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N14240</b> 1. Entity Name <b>MANATEE COUNTY FIRE COMMISSIONERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>5200 26TH STREET WEST BRADENTON, FL 34207</b>			Mailing Address <b>5200 26TH STREET WEST BRADENTON, FL 34207</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0033411</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PARKER, SHARON 5200 26TH STREET WEST BRADENTON, FL 34207</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2008, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>TYLER, LARRY</b> <b>9604 44TH AVENUE WEST #223</b> <b>BRADENTON, FL 34210</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900109951589</b> <b>09/26/07--01031--014 **\$61.25</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <b>BOWMAN, JAMES R JR.</b> <del><b>4920 10TH STREET WEST</b></del> <b>BRADENTON, FL 34207</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BOWMAN, James R. Jr.</b> <b>5200-26th St. W.</b> <b>BRADENTON, FL 34207</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <b>WEBB, KEVIN</b> <b>18355 S.R. 62 EAST</b> <b>PARRISH, FL 34219</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <b>BON AMI, JAMES</b> <b>514 133RD STREET EAST</b> <b>BRADENTON, FL 34202</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>James R. Bowman, Jr.</i> <b>James R. Bowman, Jr.</b>			Date: <b>9/15/07</b> Daytime Phone #: <b>941.751.7090</b>		

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