


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N23244		
1. Entity Name WAKULLA STATION VOLUNTEER FIRE DEPARTMENT, INC.		

Principal Place of Business 3083 SHADEVILLE HWY CRAWFORDVILLE, FL 32327 US	Mailing Address 3083 SHADEVILLE HWY CRAWFORDVILLE, FL 32327 US
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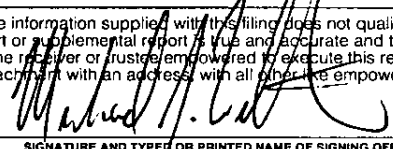
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
WELTMAN, MICHAEL J 40 PANTHER CRAWFORDVILLE, FL 32327	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Applicable)	
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	DATE

FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELTMAN, MICHAEL J		NAME		
STREET ADDRESS	40 PANTHER		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, RE'DINO		NAME	Thomas Wright	
STREET ADDRESS	81 AUTUMN WOODS WAY		STREET ADDRESS	3083 Shadeville Hwy	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE	P	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHYLKOFSKI, AL		NAME	Shylkofski, Al	
STREET ADDRESS	83 WALDON RD		STREET ADDRESS	same address	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, ELLERY		NAME	Terry Johnson	
STREET ADDRESS	2421 SHADEVILLE RD		STREET ADDRESS	3083 Shadeville Hwy	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Delana Moore	
STREET ADDRESS			STREET ADDRESS	3083 Shadeville Hwy	
CITY-ST-ZIP			CITY-ST-ZIP	Crawfordville FL 32327	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	Michael J. Weltman 2/25/05 850-556-6694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

FILED

05 FEB 25 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02252005 REIN-NP CR2E099 (6/04)

4. FEI Number
59-2859621

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

REINSTATEMENT 01-05

500047510825
03/01/05--01056--021 **122.50
500047510825
03/01/05--01056--022 **8.75