2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2009
Secretary of State

DOCUMENT# N23758

Entity Name: APOPKA FIREFIGHTERS ASSOCIATION, INC.

Current Principal Place of Business:

175 EAST 5TH STREET
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

175 EAST 5TH STREET
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-6000265 **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:

BRONSON, GEORGE
175 EAST 5TH STREET
APOPKA, FL 32703 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: GEORGE BRONSON
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WYLAM, SHAUN
Address: 175 E. 5TH STREET
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: TOMLJENOVICH, VINCE
Address: 175 EAST 5TH STREET
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: VONBARGEN, CARIE A
Address: 175 E. 5TH STREET
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: STRAUSBURG, ANDREW
Address: 175 EAST 5TH STREET
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: BRONSON, GEORGE
Address: 175 E. 5TH STREET
City-St-Zip: APOPKA, FL 32703

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:

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: CARIE VONBARGEN OFFI 10/20/2009
Electronic Signature of Signing Officer or Director — Date