2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Apr 07, 2005
Secretary of State

DOCUMENT# N24618

Entity Name: MYAKKA CITY FIREFIGHTERS ASSOCIATION, INC.

Current Principal Place of Business:

MYAKKA CITY FIRE STATION
10215 WACHULLA RD
MYAKKA CITY, FL 34251 US

New Principal Place of Business:

Current Mailing Address:

10215 WACHULA RD
MYAKKA CITY, FL 34251

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARJOSZEK, RICHARD
10215 WACHULLA RD
MYAKKA CITY, FL 34251 US

Name and Address of New Registered Agent:

BOOTH, BOOTH
10215 WACHULA RD
MYAKKA CITY, FL 34251 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: WILLIAM R BOOTH 04/07/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARTOSZEK, RICHARD
Address: 10215 WAUCHULA RD
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: TD ( ) Delete
Name: CACCHIOTTI, DANIEL
Address: 10215 WAUCHLA RD
City-St-Zip: MYAKKA CITY, FL 34251

Title: SD ( ) Delete
Name: CARVER, KAREN
Address: 10215 WAUCHLA RD
City-St-Zip: MYAKKA CITY, FL 34251

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOOTH, WILLIAM R
Address: 10215 WAUCHULA RD
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: TD (X) Change ( ) Addition
Name: MELSER, CHRIS
Address: 10215 WAUCHLA RD
City-St-Zip: MYAKKA CITY, FL 34251

Title: SD (X) Change ( ) Addition
Name: MELSER, CHRIS
Address: 10215 WAUCHLA RD
City-St-Zip: MYAKKA CITY, FL 34251

Title: VP ( ) Change (X) Addition
Name: ACCURSO, VICTOR
Address: 10215 WAUCHLA RD.
City-St-Zip: MYAKKA CITY, FL 34251

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: WILLIAM R BOOTH PD 04/07/2005
Electronic Signature of Signing Officer or Director Date