

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000000025

FILED
Dec 26, 2004
Secretary of State

Entity Name: SCOTTSMOOR VOLUNTEER FIRE RESCUE, INC.

Current Principal Place of Business:

3724 MAGOON AVE.
SCOTTSMOOR, FL 32775

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 251
SCOTTSMOOR, FL 32775 US

New Mailing Address:

FEI Number: 59-3161008 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

STEWART, LAWRENCE III
5620 U S HWY 1
SCOTTSMOOR, FL 32754 US

Name and Address of New Registered Agent:

STEWART, LAWRENCE III
P.O. BOX 642
SCOTTSMOOR, FL 32754 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: LAWRENCE STEWART III

12/26/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEWART, LAWRENCE III
Address: 5620 U S HWY 1
City-St-Zip: MIMS, FL 32754

Title: D () Delete
Name: BORTLEL, GEORGE
Address: 3455 AURANTIA RD
City-St-Zip: MIMS, FL 32754

Title: D () Delete
Name: TUCKER, THOMAS
Address: 3480 MAEBERT RD
City-St-Zip: MIMS, FL 32754

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STEVENS, BRIAN
Address: 6085 SEMINOLE ST.
City-St-Zip: SCOTTSMOOR, FL 32775

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: LAWRENCE STEWART III

D

12/26/2004

Electronic Signature of Signing Officer or Director

Date