

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000001931

**FILED**  
**Oct 16, 2014**  
**Secretary of State**

**Entity Name:** SEMINOLE COUNTY PROFESSIONAL FIREFIGHTERS, INC.

**Current Principal Place of Business:**

4005 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 952648  
LAKE MARY, FL 32795 US

**New Mailing Address:**

**FEI Number:** 59-2994895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, DAVID  
110 SISSO COVE  
WINTER SPRINGS, FL 32708 US

**Name and Address of New Registered Agent:**

EDMISTON, MICHAEL  
700 LEGACY PARK  
CASSELBERRY, FL 32707 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:** MICHAEL EDMISTON

10/16/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** WILLIAMS, DAVID  
**Address:** 110 SISSO DR  
**City-St-Zip:** WINTER SPRINGS, FL 32708

**Title:** VP  
**Name:** MAXWELL, STEPHEN  
**Address:** PO BOX 952648  
**City-St-Zip:** LAKE MARY, FL 32795

**Title:** S/T  
**Name:** EDMISTON, MICHAEL  
**Address:** 700 LEGACY PARK DR  
**City-St-Zip:** CASSELBERRY, FL 32707

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL EDMISTON

ST

10/16/2014

Electronic Signature of Signing Officer or Director

Date