

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000002532

FILED  
Oct 05, 2007  
Secretary of State

Entity Name: JASPER FIREFIGHTERS, INC.

**Current Principal Place of Business:**

210 HATLEY STREET  
JASPER, FL 32052

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1332  
JASPER, FL 32052

**New Mailing Address:**

FEI Number: 59-3431302      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:**

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

TRINDER, WILLIAM J SR  
210 HATLEY STREET  
JASPER, FL 32052      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 J TRINDER, SR

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: HUGHES, JODI  
Address: 1003 CENTRAL AVE  
City-St-Zip: JASPER, FL 32052

Title: VD      ( ) Delete  
Name: BURNETT, CHAD  
Address: P O BOX 1332  
City-St-Zip: JASPER, FL 32052

Title: SD      ( ) Delete  
Name: TRINDER, GAYLE  
Address: P.O. BOX 983  
City-St-Zip: JASPER, FL 32052

Title: TD      ( ) Delete  
Name: HUGHES, KELINDA  
Address: 11231 NE 41ST TERR  
City-St-Zip: JASPER, FL 32052

**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: TD      (X) Change ( ) Addition  
Name: HUGHES, KELINDA  
Address: 3973 NE 113TH LANE  
City-St-Zip: JASPER, FL 32052

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: KELINDA HUGHES

TD

10/05/2007

Electronic Signature of Signing Officer or Director

Date