

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 762120

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** ANCIENT CITY ROAD RUNNERS, INC.

**Current Principal Place of Business:**

320 HIGH TIDE DRIVE  
SUITE 201  
SAINT AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4111  
ST AUGUSTINE, FL 32085 US

**New Mailing Address:**

**FEI Number:** 59-2284115 **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:**

NEVILLE, TODD  
320 HIGH TIDE DRIVE  
SUITE 201  
SAINT AUGUSTINE, FL 32080 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: TODD NEVILLE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FLOYD, JAY  
Address: 24 CATHEDRAL PLACE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: V ( ) Delete  
Name: HOWES, SALLY  
Address: 6342 SALADO DR  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: TD ( ) Delete  
Name: ANDREWS, MARYANN  
Address: 54 MAGNOLIA DUNES CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SD ( ) Delete  
Name: BOYLE, DAVE  
Address: 711 AUGUSTA CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V (X) Change ( ) Addition  
Name: NEVILLE, TODD  
Address: PO BOX 1718  
City-St-Zip: ST AUGUSTINE, FL 32085

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: TODD NEVILLE

V

01/13/2009

Electronic Signature of Signing Officer or Director

Date