2006 NOT-FOR-PROFIT CORPORATION

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # N04755 04-17-2006 90372 001 ****61.25 1. Entity Name CAPE SHOALS ASSOCIATION, INC. Principal Place of Business Mailing Address 1408 BELMEADE PLACE P.O. BOX 1445 KINGSPORT, TN 37664 KINGSPORT, TN 37662 3. Mailing Address Box 2. Principal Place of Business 415 S. West St. طدوا Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 Chg-NP CR2E037 (11/05) City & State Bainbridge FEI Number 59-2882242 Applied For 61A Not Applicable Country A Zip 398 18 \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WAYNE W. LAMBERT, Ir. FOX, BETH A Street Address (P.O. Box Number is Not Acceptable) 6113 Nassau Ln 6127 NASSAU LANE PORT SAINT JOE, FL 32456 West St Port St. Joe FL 8. The above named entity submits this statement for the purpose of changing its registered of both, in the State of Florida. I am familiar with, and accept SIGNATURE WAYNE W. LAMBERT 9. Election Campaign Final Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PSTD Wayne Lumbert, jr. TITLE FOX. BETH A NAME MAME STREET ADDRESS 1408 BELMEADE PLACE STREET ADDRESS Bainbridge GA 39819 CITY-ST-ZIP KINGSPORT, TN 37664 CITY-ST-7IP TITLE ☐ Delete Change TITLE ☐ Addition wagne w. Lambere, jr. 415 S. West St. Bainbridge, GA 39819 NAME LAMBERT, WAYNE NAME 326 W WATER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAINBRIDGE, GA 39818 CITY-ST-ZIP Delete TSD TITLE ☐ Change TITLE Addition Wayne W. Lamberf. Jr. 415 s. West St. Mainbridge, 6A 39819 ANEAS, EARL NAME NAME STREET ADDRESS 1408 BELMEADE PLACE STREET ADDRESS CITY-ST-ZIP KINGSPORT, TN 37664 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP exemptions contained in Chapter 119, Florida Statutes. I further certify that the information plature shall have the same legal effect as if made under oath; that I am an officer or director quired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with the filling does indicated on this report or suppliemental report frue and accur of the corporation or the repeiver or trustee empowered to exec changed, or on an attachment with an audiest, with all other jit. SIGNATURE: NATURE AND TY

FILED