2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 07, 2011
Secretary of State

DOCUMENT# N97000001610

Entity Name: JOE NIC BARCO MEMORIAL POST AUXILIARY, INC.

Current Principal Place of Business:

KELLY LYBEK
2909 HARRISON STREET WEST
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

KELLY LYBEK
2909 HARRISON STREET WEST
INVERNESS, FL 34453

New Mailing Address:

FEI Number: 59-3213394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYBEK, KELLY
2909 HARRISON STREET WEST
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

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: KELLY LYBEK

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: FERGERSON, LYNN
Address: 8360 S. COVE PT
City-St-Zip: FLORAL CITY, FL 34436

Title: VD
Name: MOSS, MICHELLE
Address: 8771 S GREAT OAK DR
City-St-Zip: FLORAL CITY, FL 34436

Title: VD
Name: JOHNSON, EDNA
Address: 8399 S.COVE PT
City-St-Zip: FLORAL CITY, FL 34436

Title: TD
Name: LYBEK, KELLY
Address: 2909 HARRISON STREET WEST
City-St-Zip: INVERNESS, FL 34453

Title: SD
Name: SIMON, SHAREEN
Address: 400 S. PINE AVE APT 3
City-St-Zip: INVERNESS, FL 34452

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: KELLY LYBEK TD 01/07/2011

Electronic Signature of Signing Officer or Director — Date