2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2009
Secretary of State

DOCUMENT# N06000009721

Entity Name: REVITALIZE ARLINGTON, INC.

Current Principal Place of Business:

2771-29 MONUMENT ROAD
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

2771-29 MONUMENT ROAD
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-4300250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

ASHLEY, ELLIOTT S
8985 LONE STAR ROAD
JACKSONVILLE, FL 32211 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAVIS, GEORGE L
Address: 8985 LONE STAR ROAD
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: VP ( ) Delete
Name: ASHLEY, ELLIOTT S
Address: 8985 LONE STAR ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DIR ( ) Change (X) Addition
Name: KERSEE, MANCH H
Address: 8985 LONE STAR ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: DIR ( ) Change (X) Addition
Name: BROOKS, MINYON
Address: 8985 LONE STAR ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: DIR ( ) Change (X) Addition
Name: MEADOWS, SCOTT
Address: 8985 LONE STAR ROAD
City-St-Zip: JACKSONVILLE, FL 32211

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: ELLIOTT S. ASHLEY VP 08/05/2009

Electronic Signature of Signing Officer or Director — Date