

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 709757

1. Entity Name
THE DEFUNIAK SPRINGS COUNTRY CLUB, INC.



Principal Place of Business
171 COUNTRY CLUB LANE
DEFUNIAK SPRINGS, FL 32433-9152 US

Mailing Address
171 COUNTRY CLUB LANE
DEFUNIAK SPRINGS, FL 32435 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10112005 REIN-NP

CR2E099 (6/04)

4. FEI Number
59-1084115

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, MARK D
10 E BALDWIN AVE
DEFUNIAK SPGS, FL 32433

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mark D Davis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-11-05

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WORK, PAUL	
STREET ADDRESS	111 BAY AVE.	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KING, CHRIS	
STREET ADDRESS	LIVEOAK AVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MCCALL, TOMMY	
STREET ADDRESS	15 PINE HILL DR	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOODS, EVELYN	
STREET ADDRESS	JUNIPER LAKE RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Lindsey	
STREET ADDRESS	624 Hill St.	
CITY-ST-ZIP	DEFUNIAK SPGS, FL 32435	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENNY WHITED	
STREET ADDRESS	P.O. Box 426	
CITY-ST-ZIP	DEFUNIAK SPGS, FL 32435	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS KING	
STREET ADDRESS	P.O. Box 587	
CITY-ST-ZIP	DEFUNIAK SPGS, FL 32435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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10/18/05--01007--003 **245.00

JR 10/21

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Lindsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-05

Date

850-892-3812

Daytime Phone #