

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 715756

FILED
Oct 25, 2004
Secretary of State**Entity Name:** GATE CITY GOLF ASSOCIATION, INC.**Current Principal Place of Business:**6727 HEMA RD
JACKSONVILLE, FL 32209**New Principal Place of Business:****Current Mailing Address:**6727 HEMA RD
JACKSONVILLE, FL 32209**New Mailing Address:****FEI Number:** 59-1698491 **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:**GRANGER, JAMES
8814 DARLINGTON DRIVE
JACKSONVILLE, FL 32208 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:** PD () Delete
Name: GRANGER, JAMES
Address: 8814 DARLINGTON DR
City-St-Zip: JACKSONVILLE, FL 32208**Title:** VD () Delete
Name: CRAWFORD, JAMES
Address: 5636 INTERNATIONAL DR
City-St-Zip: JACKSONVILLE, FL 32219**Title:** TD () Delete
Name: FLEMING, ALBERTIE
Address: 7442 NEW KINGS RD
City-St-Zip: JACKSONVILLE, FL 32219**Title:** FS () Delete
Name: TAYLOR, MATTHEW M
Address: 530 DANDELION DR
City-St-Zip: JACKSONVILLE, FL 32259**Title:** RS () Delete
Name: HAYNES, CHARLES
Address: 8767 NORFOLK BLVD
City-St-Zip: JACKSONVILLE, FL 32208**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
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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 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 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: JAMES GRANGER

PRES

10/25/2004

Electronic Signature of Signing Officer or Director

Date