

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 725343

FILED
Oct 10, 2007
Secretary of State

Entity Name: MYSTIC SPRINGS COVE, INC.

Current Principal Place of Business:

591 MYSTIC SPRINGS RD.
MCDAVID, FL 32568

New Principal Place of Business:

Current Mailing Address:

591 MYSTIC SPRINGS RD.
MCDAVID, FL 32568

New Mailing Address:

FEI Number: 23-7228955 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:

SPIES, HENB
31 HOLLY AVE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

WILSON, JIMMY G 1ST VP
167 HWY 200
MONTEVALLO, AL, FL 35115 US

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: JIMMY WILSON

10/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPIES, HERB
Address: 31 HOLLY AVE
City-St-Zip: SHALIMAR, FL 32579

Title: 1VP () Delete
Name: SPIES, HERB
Address: 31 HOLLY AVE
City-St-Zip: SHALIMAR, FL 32579

Title: 2VP () Delete
Name: KILPATRICK, DAN
Address: 6448 WILMER AVE
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: SAGGUS, GUY
Address: POB 422
City-St-Zip: JAY, FL 32565

Title: D () Delete
Name: ROSENTHAL, GENE
Address: 807 NAGEL DR
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: FOSTER, HENRY
Address: 5270 WINDHAM RD
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WILSON, JIMMY G 1ST VP
Address: 167 HWY 200
City-St-Zip: MONTEVALLO, AL 35115

Title: 2VP (X) Change () Addition
Name: WILSON, CALORYN
Address: 167 HWY 200
City-St-Zip: MONTEVALLO, AL 35115

Title: TRUS (X) Change () Addition
Name: KILPATRICK, DAN
Address: 6448 WILMER AVE
City-St-Zip: MILTON, FL 32570

Title: PRES (X) Change () Addition
Name: SPIES, SYDRA PRES.
Address: 31 HOLLY AVE.
City-St-Zip: SHALIMAR, FL 32579

Title: () Change () Addition
Name:
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 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: JIMMY WILSON

VP

10/10/2007

Electronic Signature of Signing Officer or Director

Date