

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 731586

FILED
Oct 19, 2007
Secretary of State

Entity Name: AMELIA SOUTH, INC.

Current Principal Place of Business:

3350 SOUTH FLETCHER AVENUE
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

3350 SOUTH FLETCHER AVENUE
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 59-1567295 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:

HOOPER, BARBARA
3350 S. FLETCHER AVE #M-5
FERNANDINA BCH, FL 32034 US

Name and Address of New Registered Agent:

SMITH, BRUCE
3350 S. FLETCHER AVE #M-5
FERNANDINA BCH, FL 32034 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: BRUCE SMITH

10/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: SMITH, BRUCE
Address: 1545 GEDDES LN
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DVP () Delete
Name: TUCKER, JIM
Address: 8619 VILLA SAN JOSE DR E
City-St-Zip: JACKSONVILLE, FL 32217

Title: PCD () Delete
Name: HOOPER, BARBARA
Address: 3350 SO. FLETCHER AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: GLENN, MOORMAN
Address: 2358 GEORGIA HIGHWAY 32 EAST
City-St-Zip: WRAY, GA 31798

Title: D () Delete
Name: LIND, SKIP
Address: 18 COOKMAN, P OBOX 873
City-St-Zip: CHAUTAUQUA, NY 147220873

Title: D () Delete
Name: RYALLS, LOANN
Address: 1006 REDBUD RD
City-St-Zip: MC RAE, GA 31055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: TUCKER, JIM
Address: 8619 VILLA SAN JOSE DR E
City-St-Zip: JACKSONVILLE, FL 32217

Title: D (X) Change () Addition
Name: CRIBBS, PAUL
Address: 418 RIVER ST
City-St-Zip: VALDOSTA, GA 31601

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

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: BRUCE SMITH

DT

10/19/2007

Electronic Signature of Signing Officer or Director

Date