2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#732979

FILED Oct 06, 2014 Secretary of State

Entity Name: THE NORTH FLORIDA BLUE GRASS ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

19011 NW 131ST AVE 517 CENTRAL AVENUE SE LAKE BUTLER, FL 32054 US JASPER, FL 32052 US

Current Mailing Address: New Mailing Address:

PO BOX 2830

ORANGE PARK, FL 32067 US

FEI Number: 51-0173740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENDRY, PAULETTE L

19011 NW 131ST AVE
LAKE BUTLER, FL 32054 US

ELLIOTT, KARYN
517 CENTRAL AVENUE SE
JASPER, FL 32052 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: KARYN ELLIOTT, SECRETARY-TREASURER 10/06/2014

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: DRUMMOND, PAUL Address: P. O. BOX 2830

City-St-Zip: ORANGE PARK, FL 32067 US

Title: VP

Name: FEAGLE, MARTIN

Address: 2798 FARLEY BURNSED ROAD City-St-Zip: ST GEORGE, GA 32562 US

Title: STD

Name: ELLIOTT, KARYN L
Address: 517 CENTRAL AVENUE SE
City-St-Zip: JASPER, FL 32052 US

Title: VAC

Name: VACANT, VACANT

Address: VACANT

City-St-Zip: VACANT, FL 00000 US

Title: VAC

Name: VACANT, VACANT

Address: VACANT

City-St-Zip: VACANT, FL 00000 US

Title: VAC

Name: VACANT, VACANT

Address: VACANT

City-St-Zip: VACANT, FL 00000 US

I hereby 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 all other like empowered.

SIGNATURE: KARYN ELLIOTT STD 10/06/2014