


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -2 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734501		
1. Entity Name JACKSONVILLE AMATEUR GOLFERS GUILD, INC.		

Principal Place of Business 7368 KYLAN DR WEST JACKSONVILLE, FL 32209 US	Mailing Address P.O. BOX 9950 JACKSONVILLE, FL 32208 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10162007 REIN-NP CR2E099 (1/07)

6. Name and Address of Current Registered Agent YOUNG, THOMAS 7368 KYLAN DR WEST JACKSONVILLE, FL 32209		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Thomas Young 31 OCT. 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YOUNG, THOMAS 7368 KYLAN DR WEST JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200111639362 11/02/07--01031--008 **236.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DUNLAP, DONALD 11537 PETERSHAM FALLS LN JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FLETCHER, OSCAR J 1940 COLLEGE CIR N JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DUNLAP, CORNELL 2472 W. 28TH ST. JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COLLIER, CURRY 2936 CENTERWOOD DR JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMMOND, JAMES 117 W. 12TH ST. JACKSONVILLE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: THOMAS YOUNG Thomas Young 31 OCT 2007 (904) 764-5287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/12/07