

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 734501

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** JACKSONVILLE AMATEUR GOLFERS GUILD, INC.

**Current Principal Place of Business:**

7368 KYLAN DR WEST  
JACKSONVILLE, FL 32209 US

**New Principal Place of Business:**

12914 BEAUTYBERRY CIR S  
JACKSONVILLE, FL 32246 US

**Current Mailing Address:**

P.O. BOX 9950  
JACKSONVILLE, FL 32208 US

**New Mailing Address:**

**FEI Number:** 59-6509621      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

YOUNG, THOMAS  
7368 KYLAN DR WEST  
JACKSONVILLE, FL 32209 US

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

BARNES, WALTER R III  
12914 BEAUTYBERRY CIR S  
JACKSONVILLE, FL 32246 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: WALTER R BARNES, III

01/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: UPSHAW, HARRY  
Address: P.O. BOX 43042  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VD  
Name: COLLIER, CURRY  
Address: 2936 CENTERWOOD DR N  
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD  
Name: KEY, BRIAN  
Address: 6311 COURTNEY CREST LANE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: TD  
Name: BARNES, WALTER R III  
Address: 12914 BEAUTYBERRY CIR S  
City-St-Zip: JACKSONVILLE, FL 32246

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: WALTER R. BARNES, III

TD

01/12/2011

Electronic Signature of Signing Officer or Director

Date