

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 13 PM 4:00

DOCUMENT # 745799 1. Entity Name GREATER ARLINGTON CIVIC COUNCIL, INC.					
Principal Place of Business P.O. BOX 8283 JACKSONVILLE, FL 32239 US			Mailing Address P.O. BOX 8283 JACKSONVILLE, FL 32239 US		
2. Principal Place of Business - No P.O. Box # 1924 Holly Oaks Lake Rd. Suite, Apt. #, etc. W		3. Mailing Address Suite, Apt. #, etc.			
City & State Jacksonville FL Zip 32225 Country U.S.		City & State Suite, Apt. #, etc.		4. FEI Number 59-2947930	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent OULTON, DONNIE 548 BAY RIDGE RD JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name Dianne Wiles Street Address (P.O. Box Number is Not Acceptable) 10663 Hemming Rd. City Jacksonville FL Zip Code 32225		
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 <u>Dianne Wiles</u> Vice President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1/15/09					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME HAWKINS, LAD STREET ADDRESS 1924 HOLLY OAKS LAKE ROAD W. CITY-ST-ZIP JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME OULTON, DONNIE STREET ADDRESS 548 BAY RIDGE RD CITY-ST-ZIP JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000141884110 01/23/09--01005--013 **122.50	
TITLE SD NAME THOMAS, ROBERTA STREET ADDRESS 3470 LENCIYK DR W CITY-ST-ZIP JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME BRITT, VALERIE STREET ADDRESS 378 TILE FISH CT CITY-ST-ZIP JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President/D Dianne Wiles 10663 Hemming Rd. Jacksonville, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input 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: <u>Dianne Wiles</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/15/09 (904) 502-6588 Date Daytime Phone #		

REINSTATEMENT 08-09KS