2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# 751191

Entity Name: BELLVIEW ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

2750 LONGLEAF DR
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 37014
PENSACOLA, FL 32526 US

New Mailing Address:

FEI Number: 59-2151226 **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:

VINYARD, DON
2712 EUREKA LANE
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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: DON VINYARD
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VINYARD, DON
Address: 2712 EUREKA LANE
City-St-Zip: PENSACOLA, FL

Title: T ( ) Delete
Name: MARTIN, SHANNON
Address: 7317 GUNTER
City-St-Zip: PENSACOLA, FL 32526

Title: S ( ) Delete
Name: SENTRY, NAOMI
Address: 2601 PATRICHIA
City-St-Zip: PENSACOLA, FL 32526

Title: VD ( ) Delete
Name: MARTIN, GARY
Address: 7317 GUNTER RD
City-St-Zip: PENSACOLA, FL 32524

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DON VINYARD P 03/06/2009
Electronic Signature of Signing Officer or Director — Date