


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**  
08 NOV 14 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 766254</b> 1. Entity Name EMPIRAL TWENTY-FIVE CLUB, INC.					
Principal Place of Business 1750 GIBBONS ST BARTOW, FL 33830-6617			Mailing Address 1750 E. GIBBONS STREET BARTOW, FL 33830		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		11052008 REIN-NP CR2E099 (1/07)	
Zip		Country		4. FEI Number NOT APPLICABLE	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WATSON, GEORGE W. 1750 GIBBONS STREET BARTOW, FL 33830				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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>George W. Watson</u> <span style="float: right;">11-10-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2009, Fee will be \$297.50</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRYANT, WALTER 713 S PINE AVENUE FORT MEADE, FL 33841	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Woodrow Wilson 1023 W. 11th Street Lakeland, FL 33805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLOVER, JOHN 590 DOROTHY ST BARTOW, FL 33830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100137937491 11/14/08--01051--009 **236.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COBB, LEON R 1005 PARKER RD LAKELAND, FL 33811	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD William Baker 1015 Timbergreen Drive Lakeland, FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBD COBB, LEON R 1005 PARKER AVENUE LAKELAND, FL 33811	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBD Woodrow Wilson 1023 W. 11th Street Lakeland, FL 33805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATSON, GEORGE W 1750 E. GIBBONS STREET BARTOW, FL 33830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS WATSON, GEORGE W 1750 GIBBONS ST BARTOW, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>George W. Watson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>11-10-08</u> Daytime Phone #		