2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# 769084

Entity Name: EAST BAY ESTATES, INC.

Current Principal Place of Business:

BOX 1978
THOMASVILLE, GA 31799

New Principal Place of Business:

701 S. BROAD STREET
THOMASVILLE, GA 31792

Current Mailing Address:

BOX 1978
THOMASVILLE, GA 31799

New Mailing Address:

FEI Number: 58-1577521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETTS, BEN F.
104 N MAGNOLIA DR
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

BETTS, BEN F.
1713 MAHAN DRIVE
TALLAHASSEE, FL 32308 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: _____ 04/17/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: METZNER, BRENDA H.
Address: 701 S BROAD ST
City-St-Zip: THOMASVILLE, GA

Title: PTD ( ) Delete
Name: METZNER, T.C.
Address: 701 S BROAD ST
City-St-Zip: THOMASVILLE, GA

Title: D ( ) Delete
Name: BETTS, BEN F.
Address: 104 W. MAGNOLIA
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: METZNER, BRENDA H.
Address: 701 S BROAD ST
City-St-Zip: THOMASVILLE, GA 31792

Title: PTD (X) Change ( ) Addition
Name: METZNER, T.C.
Address: 701 S BROAD ST
City-St-Zip: THOMASVILLE, GA 31792

Title: D (X) Change ( ) Addition
Name: BETTS, BEN F.
Address: 1713 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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: BRENDA H. METZNER SD 04/17/2009
Electronic Signature of Signing Officer or Director — Date