

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 770223</b> 1. Entity Name TAMPA BAY GEORGIA BULLDOG/ALUMNI ASSOCIATION, INC.		 <b>FILED</b> 07 MAR 19 PM 12:03 TALLAHASSEE, FLORIDA	
Principal Place of Business 2506 AZEELE STREET TAMPA, FL 33609 US		Mailing Address P.O. BOX 15823 TAMPA, FL 33684-5823	
2. Principal Place of Business - No P.O. Box # 404 BOSPHOROUS Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 320546 Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33606	Country USA	Zip 33679-2546	Country USA
4. FEI Number 59-2369437		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CRANE, TIFFANT 10802 W. HILLSBOROUGH AVE. SUITE 1102 TAMPA, FL 33615		7. Name and Address of New Registered Agent Name <b>MARK HOBBS</b> Street Address (P.O. Box Number is Not Acceptable) <b>13924 NOBLE PARK DRIVE</b> City <b>ODESSA</b> FL Zip Code <b>33556</b>	
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  DATE <b>2/12/07</b> <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 \$122.50</b>		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			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PD NAME HOBBS, MARK STREET ADDRESS 2718 E. GRAND RESERVE CIRCLE, SUITE 1210 CITY-ST-ZIP CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete	TITLE PD NAME WRIGHT, JOE STREET ADDRESS 404 BOSPHOROUS Ave CITY-ST-ZIP TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME MOORE, TERENCE S. STREET ADDRESS 2506 AZEELE STREET CITY-ST-ZIP TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete	TITLE VD NAME FRANKMAN, TAREY STREET ADDRESS 608 ADDISON DR NE CITY-ST-ZIP TAMPA, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME FRANKMAN, TAREY STREET ADDRESS 608 ADDISON DRIVE N.E. CITY-ST-ZIP SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete	TITLE TD NAME HAYNES, MATT STREET ADDRESS 3322 N. SAN MAGELL St CITY-ST-ZIP TAMPA, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME CRANE, TIFSNY STREET ADDRESS 10802 W. HILLSBOROUGH AVE., SUITE 1102 CITY-ST-ZIP TAMPA, FL 33615	<input checked="" type="checkbox"/> Delete	TITLE SD NAME HOBBS, MARK STREET ADDRESS 13924 NOBLE PARK DR. CITY-ST-ZIP ODESSA, FL 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME ADAMS, NORM STREET ADDRESS 2012 KISER DRIVE CITY-ST-ZIP VALRICO, FL 33594	<input checked="" 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 817, 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 employment.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/12/07</b> 813/274-5632 <small>Daytime Phone #</small>	