

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN 17 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07



11132006 REIN-NP CR2E099 (11/05)

4. FEI Number 59-1082806 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, CHARLIE H
1833 SW FARNELL RD
LAKE CITY, FL 32024

7. Name and Address of New Registered Agent

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

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CRAWFORD, CHARLIE H	
STREET ADDRESS	1833 SW FARNELL RD	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSELEY, LAMAR	
STREET ADDRESS	1038 SW CR 18	
CITY-ST-ZIP	FT. WHITE, FL 32038	
TITLE	V	<input type="checkbox"/> Delete
NAME	KING, RANDY	
STREET ADDRESS	1553 SW KING ST.	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	S	<input type="checkbox"/> Delete
NAME	TERRY, JAMES I.	
STREET ADDRESS	8842 SW SR 47	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOWNSEND, W. H.	
STREET ADDRESS	477 NW HUNTSVILLE CHURCH RD.	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, RICHARD	
STREET ADDRESS	1206 SW WENDY TER.	
CITY-ST-ZIP	LAKE CITY, FL 32025	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/07--01009--002 **297.50

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:

Randall R King

Date

Daytime Phone #

1/18/07