REINSTATEMENT 11/23 2004

4/22/2004-90057-001-$61.25-$61.25

DOCUMENT # N00000002224

1. Entity Name

CHARLES F. HAMBLEN CLUB, INC.

FILED

04 NOV 12 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
ONE ANDERSON CIRCLE ST AUGUSTINE FL 32084	~~ONE ANDERSON CIRCLE~~ ~~ST AUGUSTINE FL 32084~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P O Box 2204 Suite, Apt. #, etc.
City & State	City & State St Aug. FL 32085-2204
Zip / Country	Zip / Country

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCKEEFERY, KEVIN ONE ANDERSON CIRCLE ST AUGUSTINE FL 32084	Name DIANE Pullin Street Address (P.O. Box Number is Not Acceptable) ~~PO~~ 9085 Barrister Ct City Jacksonville FL Zip Code 32257

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 Diane Pullin 6/10/2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees
In accordance w/ S. 607.193(2)(b) F.S. Election

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SARTIN, AJ 403 17TH STREET ST AUGUSTINE FL 32084	☒ Delete	Director ROPP, Clayton 1 Anderson Circle St Aug, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ Treasurer / Secretary SHULER, JACK 21 HOPE RD ST AUGUSTINE FL 32084	☐ Delete	Director DAVIS, Harry 1 Anderson Circle St Augustine, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALDWIN, LLOYD 14 COQUINA AVE ST AUGUSTINE FL 32084	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P President OSTERHOUT, DONALD H P.O. BOX 5400 ST AUGUSTINE FL 32085	☐ Delete	300043098265 12/01/04--01027--024 **183.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCKEEFERY, KEVIN 13 6TH ST, APT A ST AUGUSTINE FL 32080	☒ Delete	Director Mc Hart, Gary 1 Anderson Circle St Augustine, FL 32084	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAWFORD, ALAN 721 PERIMETER PK CIRCLE ST AUGUSTINE FL 32084	☒ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4-13-04 (904) 814-3833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #