## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N0000006650

**FILED** Sep 10, 2009 Secretary of State

Entity Name: FIRST COAST METRO CHAPTER OF SPEBSQSA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5358 WINROSE FALLS RD JACKSONVILLE, FL 32258 **Current Mailing Address: New Mailing Address:** 5358 WINROSE FALLS RD JACKSONVILLE, FL 32258 FEI Number: 59-3430470 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOBOLEWSKI, MICHAEL 5358 WINROSE FALLS DR JACKSONVILLE, FL 32258 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: MICHAEL SOBOLEWSKI Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition ( ) Delete PROCTOR, DAN SOBOLEWSKI, MICHAEL Name: Name: 1926 IBIS POINT LANE Address: 5358 WINROSE FALLS DR Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32258 Title: () Delete Title: (X) Change ( ) Addition SOBOLOWSKI, MIKE Name: MORIN, RICHARD Name: Address: 5358 WINROSE FALLS DR Address: 580 WELLHOUSE DR. City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: JACKSONVILLE, FL 32220 Title: VD. () Delete Title: () Change () Addition BREEDON, GEORGE Name: Name: 6720 HARLOW BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: (X) Change ( ) Addition Title: SD () Delete Title: SD Name: SCHUBERT, DAVID Name: SCHUBERT, DAVID 13837 IGIS POIBT BLVD 13837 IBIS POINT BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224 Title: VD (X) Delete Title: () Change () Addition NICKEL, DICK Name: Name: 73 KINGSLEY LANE Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: (X) Delete Title: () Change () Addition MORIN, RICHARD

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL SOBOLEWSKI **PRES** 09/10/2009

Name:

Address:

City-St-Zip:

580 WELLHOUSE DR

JACKSONVILLE, FL 32220