

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000007717

FILED
Oct 08, 2006
Secretary of State

Entity Name: CITY OF IMAGINATION, INC.

Current Principal Place of Business:

4943 27TH AVE SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

5732 23RD AVE. S.
GULFPORT, FL 33707

Current Mailing Address:

4943 27TH AVE SOUTH
GULFPORT, FL 33707

New Mailing Address:

5732 23RD AVE. S.
GULFPORT, FL 33707

FEI Number: 20-1417115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREY, JAMES W
4943 27TH AVE SOUTH
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

SHAW, MARLENE S
5732 23RD AVE. S.
GULFPORT, FL 33707 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: MARLENE S. SHAW

10/08/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FREY, JAMES W
Address: 4943 27TH AVE SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: DIR () Delete
Name: HIBRANDT, FRANK
Address: 2708 56TH ST. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: D () Delete
Name: ROSSO, LORI
Address: 5701 SHORE BLVD
City-St-Zip: GULFPORT, FL 33707

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAW, MARLENE S
Address: 5732 23RD AVE. S.
City-St-Zip: GULFPORT, FL 33707

Title: D (X) Change () Addition
Name: HIBRANDT, FRANK E
Address: 3060 CLINTON ST.
City-St-Zip: GULFPORT, FL 33707

Title: VP (X) Change () Addition
Name: SMITH, BARON W
Address: 3353C 38TH WAY S.
City-St-Zip: ST. PETERSBURG, FL 33711

Title: S () Change (X) Addition
Name: GILBERT, RICK
Address: 5855 27TH AVE. S.
City-St-Zip: GULFPORT, FL 33707

Title: T () Change (X) Addition
Name: MCKEE, MIKE
Address: 2800-2814 BEACH BLVD. S.
City-St-Zip: GULFPORT, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the 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: MARLENE S. SHAW

PRES

10/08/2006

Electronic Signature of Signing Officer or Director

Date