2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 18, 2009
Secretary of State

DOCUMENT# N03000007897

Entity Name: ESCAMBIA HIGH SCHOOL TIP OFF CLUB, INC.

Current Principal Place of Business:

1310 N. 65TH AVENUE
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

1310 N. 65TH AVENUE
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 56-2400789 **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:

LETT, DONDA
1310 N 65TH AVE
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

HEARN, RAMON
1310 N 65TH AVE
PENSACOLA, FL 32506 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: RAMON HEARN 11/18/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LETT, DONDA
Address: 5900 DANDELION LN
City-St-Zip: PENSACOLA, FL 32526

Title: MD ( ) Delete
Name: RESENDEZ, LESIE
Address: 144 GUNWALE RD
City-St-Zip: PENSACOLA, FL 32507

Title: PD ( ) Delete
Name: MOORE, KATHY
Address: 109 W. MADISON DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: T (X) Delete
Name: JONES, CYNTHIA
Address: 860 CALHOUN AVE
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HEARN, RAMON
Address: 6470 BRIKHEAD DR
City-St-Zip: PENSACOLA, FL 32526

Title: P (X) Change ( ) Addition
Name: SELLERS, DARRYL
Address: 827 LAVON DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: T (X) Change ( ) Addition
Name: SELLERS, ELLA
Address: 827 LAVON DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RAMON HEARN D 11/18/2009
Electronic Signature of Signing Officer or Director Date