

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010207

FILED
Feb 22, 2006
Secretary of State

Entity Name: TALLAHASSEE REGION SOAP BOX DERBY, INC.

Current Principal Place of Business:

5351 PEMBRIDGE PLACE
TALLAHASSEE, FL 32309

New Principal Place of Business:

1903 MYRICK RD
TALLAHASSEE, FL 32303

Current Mailing Address:

5351 PEMBRIDGE PLACE
TALLAHASSEE, FL 32309

New Mailing Address:

1903 MYRICK RD
TALLAHASSEE, FL 32303

FEI Number: 20-0424176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JON C
5351 PEMBRIDGE PLACE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

DAVIS, NEAL E
1903 MYRICK RD
TALLAHASSEE, FL 32303 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: NEAL E DAVIS

02/22/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: BOLLMAN, KYLE M DIR.
Address: 5307 PIMLICO DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: MR. () Delete
Name: HANEY, MARK T DIR.
Address: 227 THORNBURG DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: MR. () Delete
Name: COLEMAN, SEAN J SEC.
Address: 6400 POWERS FERRY ROAD
City-St-Zip: ATLANTA, GA 30339

Title: MR. () Delete
Name: THOMAS, JON C PRES.
Address: 5351 PEMBRIDGE PLACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: MR. () Delete
Name: TORREY, KEVIN R VP
Address: 1439 PINE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: MR. () Delete
Name: GRAYBAR, BENJAMIN TREAS.
Address: 3175 FERNS GLEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: NEAL E DAVIS

MR.

02/22/2006

Electronic Signature of Signing Officer or Director

Date