

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010406

FILED  
Aug 01, 2011  
Secretary of State

**Entity Name:** BAKER COUNTY TOUCHDOWN CLUB, INC.

**Current Principal Place of Business:**

MEMORIAL STADIUM  
1 SHUEY AVE  
MACCLENNY, FL 32063

**New Principal Place of Business:**

44 N 1ST ST  
MACCLENNY, FL 32063

**Current Mailing Address:**

P O BOX 875  
MACCLENNY, FL 32063

**New Mailing Address:**

FEI Number: 20-0922224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THARPE, RICHARD K  
756 E SHUEY STREET  
MACCLENNY, FL 32063 US

**Name and Address of New Registered Agent:**

GASKINS, ROLAND  
44 N 1ST ST  
MACCLENNY, FL 32063 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: ROLAND GASKINS

08/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GASKINS, ROLAND  
Address: 44 N 1ST ST  
City-St-Zip: MACCLENNY, FL 32063

Title: D  
Name: ROBERTS, KENNETH  
Address: P O BOX 874  
City-St-Zip: MACCLENNY, FL 32063

Title: D  
Name: FRASER, RYAN  
Address: 6311 SOUTHERN STATES NURSERY RD  
City-St-Zip: MACCLENNY, FL 32063

Title: D  
Name: YARBROUGH, W. BRIAN  
Address: 14696 JESSE YARBROUGH RD  
City-St-Zip: GLEN ST MARY, FL 32040

Title: ST  
Name: LEWIS, HEATHER  
Address: PO BOX 1467  
City-St-Zip: MACCLENNY, FL 32063

I hereby 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 all other like empowered.

SIGNATURE: ROLAND GASKINS

P

08/01/2011

Electronic Signature of Signing Officer or Director

Date