

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004788

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: FLORIDA QUIZZING ASSOCIATION, INC.

## Current Principal Place of Business:

415 LOCHMOND DRIVE  
FERN PARK, FL 32730

## New Principal Place of Business:

## Current Mailing Address:

415 LOCHMOND DRIVE  
FERN PARK, FL 32730

## New Mailing Address:

FEI Number: 55-0868807      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:

WEST, MATTHEW  
415 LOCHMOND DR  
FERN PARK, FL 32730      US

## Name and Address of New Registered Agent:

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: MATTHEW WEST

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WEST, MATTHEW  
Address: 415 LOCHMOND DR  
City-St-Zip: FERN PARK, FL 32730

Title: D ( ) Delete  
Name: DOUGLAS, DAVID  
Address: 998 SW NORTH GLOBE AVE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D ( ) Delete  
Name: CALLAWAY, BRANT IV  
Address: 2022 WINDFIELD DR  
City-St-Zip: MONROE, GA 30655

Title: P ( ) Delete  
Name: WEST, MATTHEW  
Address: 415 LOCHMOND DR  
City-St-Zip: FERN PARK, FL 32730

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: DOUGLAS, DAVID  
Address: 536 GREENFIELD DR  
City-St-Zip: STATHAM, GA 30666

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

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

Title: D ( ) Change (X) Addition  
Name: POSTON, MICAH D  
Address: 1151 S. ELM  
City-St-Zip: COMMERCE, GA 30529 US

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: MATTHEW WEST

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date