

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000008765

1. Entity Name
KING NEPTUNE D.A.D.S. CLUB, INC.



FILED

05 NOV -9 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O NEPTUNE BEACH ELEMENTARY SCHOOL
1515 W FLORIDA BLVD
NEPTUNE BEACH, FL 32266

Mailing Address
C/O NEPTUNE BEACH ELEMENTARY SCHOOL
1515 W FLORIDA BLVD
NEPTUNE BEACH, FL 32266



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10192005 REINSTATEMENT 0125089 (6/04) 05

REINSTATEMENT

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINSKI, SHARON
C/O NEPTUNE BEACH ELEMENTARY SCHOOL
1515 W FLORIDA BLVD
NEPTUNE BEACH, FL 32266

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/26/05

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME MOORE, JIM
STREET ADDRESS 401 MCCOLLUM CIRCLE
CITY-ST-ZIP NEPTUNE BEACH, FL 32266

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100061287471
CITY-ST-ZIP 11/09/05--01014--005 **61.25

TITLE V ☐ Delete
NAME CRUNDEN, JIM
STREET ADDRESS 2329 OAK FOREST DRIVE
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME KERNAN, MARK C
STREET ADDRESS 14550 MARSH VIEW DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32250

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER ☐ Delete
NAME PAUL NICHOLSON
STREET ADDRESS 222 OLEANDER ST.
CITY-ST-ZIP NEPTUNE BEACH, FL 32266

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Nicholson PAUL NICHOLSON

10/26/05

904-534-1135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #