

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Jan 24, 2008
Secretary of State**

DOCUMENT# N04000010596

Entity Name: SOUTH WALTON ATHLETIC FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 1506
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

399 MOLL DR
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

P.O. BOX 1506
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 01-0824180 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:

WALDROP, THOMAS
P.O. BOX 1506
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

WALDROP, THOMAS
1083 BAY GROVE RD
FREEPORT, FL 32439 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: THOMAS WALDROP

01/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALDROP, THOMAS
Address: 1083 BAY GROVE ROAD
City-St-Zip: FREEPORT, FL 32439

Title: V () Delete
Name: LOVELL, DAVID
Address: 40 ANTIGUA LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: T () Delete
Name: RUTLEDGE, BO
Address: 91 TRAE LANE
City-St-Zip: SEAGROVE, FL 32459

Title: S () Delete
Name: WALDROP, LISA
Address: 1083 BAY GROVE RD
City-St-Zip: FREEPORT, FL 32439

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:

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: THOMAS WALDROP

PRES

01/24/2008

Electronic Signature of Signing Officer or Director

Date