

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000005202

FILED
Oct 01, 2007
Secretary of State

Entity Name: FRIENDS OF ETONIAH COMMUNITY PARK, INC

Current Principal Place of Business:

620 BARDIN RD
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

131 SANDY RIDGE TRAIL
PALATKA, FL 32177

New Mailing Address:

FEI Number: 20-2892658 **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:

Name and Address of New Registered Agent:

HEBERT, BARBARA A
131 SANDY RIDGE TRAIL
PALATKA, FL 32177 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: BARBARA A HEBERT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEBERT, KENNY
Address: 131 SANDY RIDGETRAIL
City-St-Zip: PALATKA, FL 32177

Title: VP () Delete
Name: CREWS, DOUG
Address: 131 SANDY RIDGE TRAIL
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: HEBERT, BARBARA A
Address: 131 SANDY RIDGE TRAIL
City-St-Zip: PALATKA, FL 32177

Title: T () Delete
Name: BYRD, NITA
Address: 131 SANDY RIDGE TRAIL
City-St-Zip: PALATKA, FL 32177

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: KENNY HEBERT

P

10/01/2007

Electronic Signature of Signing Officer or Director

Date