2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000005621

FILED Jan 23, 2009 Secretary of State

Entity Name: THE GREAT OUTDOORS ACTIVITIES COMMITTEE, INC.

Current Principal Place of Business: New Principal Place of Business:

145 PLANTATION DRIVE TITUSVILLE, FL 32780

Current Mailing Address: New Mailing Address:

145 PLANTATION DRIVE TITUSVILLE, FL 32780

FEI Number: 71-0954119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

GOULD, JOHN J COLEMAN, MARSHA
248 PLANTATION DR 249 PLANTATION DR
TITUSVILLE, FL 32780 US TITUSVILLE, FL 32780 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: MARSHA COLEMAN 01/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: () Change () Addition Name: AUSTIN, ALICE Name:

 Name:
 AUSTIN, ALICE
 Name:

 Address:
 399 OAK COVE
 Address:

 City-St-Zip:
 TITUSVILLE, FL 32780
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 PEEL, PAT
 Name:
 YETTER, ROBERT

 Address:
 66 SUNSET DRIVE
 Address:
 762 PLANTATION DRIVE

 City-St-Zip:
 TITUSVILLE, FL 32780
 City-St-Zip:
 TITUSVILLE, FL 32780

Title: SEC () Delete Title: SEC (X) Change () Addition
Name: ESTEP, PAT Name: DEFRANCESCO, MADELINE

Name: ESTEP, PAT Name: DEFRANCESCO, MADELINE
Address: 447 FAWN TRAIL
City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780

Title: TRES () Delete Title: TRES (X) Change () Addition

Name:GOULD, JOHNName:COLEMAN, MARSHAAddress:248 PLANTATION DRIVEAddress:249 PLANTATION DRIVECity-St-Zip:TITUSVILLE, FL 32780City-St-Zip:TITUSVILLE, FL 32780

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: MARSHA COLEMAN TRES 01/23/2009