

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000007747

**FILED**  
**Oct 11, 2006**  
**Secretary of State**

**Entity Name:** THE EXCHANGE CLUB OF SEBASTIAN, INC.

**Current Principal Place of Business:**

P O BOX 781155  
SEBASTIAN, FL 32958 11

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 781155  
SEBASTIAN, FL 32958 11

**New Mailing Address:**

**FEI Number:** 59-2330945      **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:**

WETHERALD, VIRGINIA M  
956 20 STREET  
SUITE 101  
VERO BEACH, FL 32960 US

**Name and Address of New Registered Agent:**

DONINI, ANTHONY M  
1623 US HWY 1  
SUITE B-4  
SEBASTIAN, FL 32958 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: ANTHONY M. DONINI

10/11/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FLINN, NANCY  
Address: 8720 SHORE LANE  
City-St-Zip: VERO BEACH, FL 32967 US

Title: VP ( ) Delete  
Name: LOLIO, BETTY L  
Address: P O BOX 780141  
City-St-Zip: SEBASTIAN, FL 32978 US

Title: SEC ( ) Delete  
Name: BRAZINA, BARBARA L  
Address: 805 INDIAN RIVER DRIVE  
City-St-Zip: SEBASTIAN, FL 32958 US

Title: TREA ( ) Delete  
Name: WETHERALD, VIRGINIA M  
Address: 956 20 STREET SUITE 101  
City-St-Zip: VERO BEACH, FL 32960 US

**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 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: ANTHONY M. DONINI

TREA

10/11/2006

Electronic Signature of Signing Officer or Director

Date