


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N05000011648</b> 1. Entity Name <b>OCALA BLAZE BASKETBALL DEVELOPMENT PROGRAM, INC.</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>37 DEC 20 PM 2:20</b>	
Principal Place of Business P. O. BOX 233 OCALA, FL 34478-0233				Mailing Address P. O. BOX 233 OCALA, FL 34478-0233			
2. Principal Place of Business - No P.O.-Box # <b>3500 SE 36th Ave.</b>				3. Mailing Address <b>P.O. Box 233</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State <b>Ocala, Fla</b>				City & State <b>Ocala, Fla</b>			
Zip <b>34471</b>		Country <b>USA</b>		Zip <b>34478</b>		Country <b>USA</b>	
4. FEI Number <b>41-2199098</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>DIAZ, JASON M ESQ.</b> <b>4 SE BROADWAY</b> <b>OCALA, FL 34471</b>				7. Name and Address of New Registered Agent Name <b>Robert E. Bennett, Jr.</b> Street Address (P.O.-Box Number is Not Acceptable) <b>3500 SE 36th Ave.</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34471</b>			
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 <u><i>Robert E. Bennett Jr.</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>10/23/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2008, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Make check payable to <b>Florida Department of State</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, ROBERT E JR. 3500 SE 36TH AVE. OCALA, FL 34471			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800111534778</b> <b>10/31/07-01010-001 **\$61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINLEY, KEITH P. O. BOX 233 OCALA, FL 344780233			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director of Operations</b> <b>Patrick Gilligan</b> <b>P.O. Box 233 1531 SE 36th Ave</b> <b>Ocala, Fla 34478-0233 Ocala, Fla 34471</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, BERTHA P. O. BOX 233 OCALA, FL 344780233			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>(Treasurer)</b> <b>Darlene Bennett</b> <b>P.O. Box 233 3500 SE 36th Ave</b> <b>Ocala, FL 34478-0233 Ocala, FL 34471</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, SHARON P. O. BOX 233 OCALA, FL 344780233			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Peggy Byrd (Secretary)</b> <b>P.O. Box 233 2418 SE 5th Ave #4</b> <b>Ocala, FL 344780233 Ocala, FL 34471</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>REINSTATEMENT</b>							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>B 12/24/07</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Robert E. Bennett Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>14/23/07</u> (352) Daytime Phone # <u>207-9920</u>			