

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Mar 02, 2009  
Secretary of State**

DOCUMENT# N06000006444

Entity Name: ST. JOSEPH BAY YACHT CLUB, INC.

**Current Principal Place of Business:**

7192 WINDWARD STREET  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 925  
PORT ST. JOE, FL 32457

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

CURRY, THOMAS L  
7192 WINDWARD STREET  
PORT ST. JOE, FL 32456 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 L CURRY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHANNON, LESTER N III  
Address: 119 TURTLE WALK, P.O. BOX 925  
City-St-Zip: PORT ST. JOE, FL 32456

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Delete  
Name: CURRY, THOMAS L  
Address: 7192 WINDWARD STREET  
City-St-Zip: PORT ST. JOE, FL 32456

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Delete  
Name: SHANNON, CYNTHIA S  
Address: 119 TURTLE WALK, P.O. BOX 925  
City-St-Zip: PORT ST. JOE, FL 32456

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: LESTER N SHANNON III

P

03/02/2009

Electronic Signature of Signing Officer or Director

Date