

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000010473

FILED  
Jan 14, 2008  
Secretary of State

**Entity Name:** BOYS & GIRLS CLUB OF TABULA RASA, INC.

**Current Principal Place of Business:**

11939 NW STATE ROAD 20  
BRISTOL, FL 32321

**New Principal Place of Business:**

**Current Mailing Address:**

11939 NW STATE ROAD 20  
BRISTOL, FL 32321

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

READ, DAVID A  
103 PALM BAY BLVD  
PANAMA CITY BEACH, FL 32408      US

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

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: DAVID A. READ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C                      ( ) Delete  
Name: READ, DAVID A  
Address: 103 PALM BAY BLVD  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D                      ( ) Delete  
Name: SIMS, DANIEL G  
Address: 2903 JEFFERSON STREET  
City-St-Zip: MARIANNA, FL 32446

Title: D                      ( ) Delete  
Name: CARPENTER, ROBYN  
Address: 13501 NW FREEMAN ROAD  
City-St-Zip: BRISTOL, FL 32321

Title: D                      ( ) Delete  
Name: BARBER, DUANE  
Address: 2766 LEVY STREET  
City-St-Zip: COTTONDALE, FL 32421

Title: D                      ( ) Delete  
Name: MCSPADDIN, JEFF  
Address: 14286 NW JOE CHASON CIRCLE  
City-St-Zip: BRISTOL, FL 32321

**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:

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: DAVID A. READ

Electronic Signature of Signing Officer or Director

C/D

01/14/2008

Date