

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06968

FILED
Nov 09, 2007
Secretary of State

Entity Name: MICANOPY AREA RECREATION CO-OPERATIVE, INC.

Current Principal Place of Business:

P.O. BOX 203
MICANOPY, FL 32667 US

New Principal Place of Business:

752 NE 7 TER
MICANOPY, FL 32667 US

Current Mailing Address:

P.O. BOX 203
MICANOPY, FL 32667 US

New Mailing Address:

FEI Number: 59-2932010 **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:

Name and Address of New Registered Agent:

GOACHEE, JAMES C 3RD
253 NW 3RD AVE.
MICANOPY, FL 32667 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: JAMES C GOACHEE 3RD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLARK, PAUL
Address: 12819 SE CR 234
City-St-Zip: MICANOPY, FL 32667

Title: VPD () Delete
Name: HEWITT, DOYLE
Address: 22160 N HWY 329
City-St-Zip: MICANOPY, FL 32667

Title: SC () Delete
Name: PROCTOR, RUTH
Address: 16913 SW WHITING ST
City-St-Zip: MICANOPY, FL 32667

Title: TR () Delete
Name: DORSEY, DANETTE
Address: 12014 SW 1ST ST
City-St-Zip: MICANOPY, FL 32667

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 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: JAMES C GOACHEE 3RD

DIR

11/09/2007

Electronic Signature of Signing Officer or Director

Date