2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 14, 2009
Secretary of State

DOCUMENT# N06968

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

Current Principal Place of Business:

752 NE 7 TER
MICANOPY, FL 32667 US

New Principal Place of Business:

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:

GOACHEE, JAMES C 3RD
1314 SE WACAHOOTA RD
MICANOPY, FL 32667 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: JAMES GOACHEE
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BURNHAM, CLIFF
Address: 17404 SE CR 234
City-St-Zip: MICANOPY, FL 32667

Title: VPD ( ) Delete
Name: BRUNSON, ROB
Address: 5750 AVENUE H
City-St-Zip: MC INTOSH, FL 32664

Title: SC ( ) Delete
Name: JOHNSON, JENNIFER
Address: 10612 SW 10 TERR
City-St-Zip: MICANOPY, FL 32667

Title: TR ( ) Delete
Name: LIUZZO, GAIL
Address: 1314 SE WACAHOOTA RD
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: GAIL LIUZZO TR 10/14/2009
Electronic Signature of Signing Officer or Director — Date