2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# N07000006159

Entity Name: APALACHICOLA & ST. GEORGE ISLAND COOPERATIVE PARISH INC.

Current Principal Place of Business:

75 5TH ST.
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

PO BOX 476
APALACHICOLA, FL 32329

New Mailing Address:

FEI Number: 26-0410452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

GILMORE, RAYMOND
93 S BAY SHORE DR
EASTPOINT, FL 32328 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: RAYMOND GILMORE
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WOOD, TOM
Address: 201E GULF BEACH DR
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: VD ( ) Delete
Name: GILMORE, RAYMOND
Address: 93 S BAYSHORE DR
City-St-Zip: EASTPOINT, FL 32328

Title: S ( ) Delete
Name: FITZGERALD, JEAN
Address: 93 S BAYSHORE DR
City-St-Zip: EASTPOINT, FL 32328

Title: TD ( ) Delete
Name: THOMPSON, JERRY
Address: 201 E GULF BEACH DR
City-St-Zip: EASTPOINT, FL 32328

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: RAYMOND GILMORE VD 06/16/2009
Electronic Signature of Signing Officer or Director — Date