

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**

04 DEC 10 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11192004 REIN-NP CR2E099 (6/04)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

CAFFEY, TAYLOR D  
16691 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32413

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Taylor D Caffey  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Make check payable to  
Florida Department of State

**FILE NOW!!! FEE IS \$236.25**  
After January 1, 2005, Fee will be \$297.50

## 10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D BENNETT, WILLIAM  
STREET ADDRESS 100 HUNTERS GLEN  
CITY-ST-ZIP DOTHAN, AL

TITLE ☐ Delete  
NAME STD KALLENBERG, JUNE  
STREET ADDRESS 16691 FRONT BEACH ROAD  
CITY-ST-ZIP PANAMA CITY, FL

TITLE ☐ Delete  
NAME VD CAFFEY, T D  
STREET ADDRESS 130 TROTMAN CIR  
CITY-ST-ZIP OZARK, AL

TITLE ☐ Delete  
NAME D BENNETT, WILLIAM  
STREET ADDRESS 100 HUNTER GLEN  
CITY-ST-ZIP DOTHAN, AL

TITLE ☐ Delete  
NAME D KOSAN, ANDREW  
STREET ADDRESS 2401 STONE BRIDGE RD.  
CITY-ST-ZIP DOTHAN, AL

TITLE ☐ Delete  
NAME PD WEEKS, JAMES  
STREET ADDRESS COUNTRY CLUB DR  
CITY-ST-ZIP OPP, AL

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Taylor D Caffey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #