

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000009423

FILED
Oct 04, 2011
Secretary of State

Entity Name: SAINT JOHNS MIDDLE SCHOOL ATHLETIC ASSOCIATION INC

Current Principal Place of Business:

1232 CREEK BEND ROAD
ST. JOHNS, FL 32259

New Principal Place of Business:

450-106 SR 13 N
412
ST. JOHNS, FL 32259

Current Mailing Address:

1232 CREEK BEND ROAD
ST. JOHNS, FL 32259

New Mailing Address:

450-206 SR 13 N
412
ST. JOHNS, FL 32259

FEI Number: 27-0598106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GALLAGHER, LUCINDA L
1232 CREEK BEND ROAD
ST. JOHNS, FL 32259 US

Name and Address of New Registered Agent:

MARTIN, KEITH
1744 GREENRIDGE CIR SO
ST. JOHNS, FL 32259 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: KEITH MARTIN

10/04/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MARTIN, KEITH
Address: 1744 GREENRIDGE CIRCLE SOUTH
City-St-Zip: ST. JOHNS, FL 32259

Title: VP
Name: CARTER, CURTIS
Address: 444 N BRIDGESTONE AVE
City-St-Zip: ST. JOHNS, FL 32259

Title: SECT
Name: FOLLENWEIDER, LYNDIA
Address: 636 REMMINGTON
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: TREA
Name: SOKOL, DAN
Address: 450-106 SR 13 N #412
City-St-Zip: ST. JOHNS, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: KEITH MARTIN

PRES

10/04/2011

Electronic Signature of Signing Officer or Director

Date