

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000003357

**FILED**  
**Oct 18, 2011**  
**Secretary of State**

**Entity Name:** G-VILLE HEAD HUNTERS & SPORTS ASSOCIATION INC

**Current Principal Place of Business:**

408 W UNIVERSITY AVE  
SUITE 600-A  
GAINESVILLE, FL 32601 AL

**New Principal Place of Business:**

21905 NW 202 AVE  
HIGH SPRINGS, FL 32655 AL

**Current Mailing Address:**

PO BOX 2688  
HIGH SPRING, FL 32655 AL

**New Mailing Address:**

**FEI Number:** 27-2388451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MAZON-CALDWELL, LENORA  
408 W UNIVERSITY AVE  
SUITE 600-A  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

MAZON-CALDWELL, LENORA  
21905 NW 202 AVE  
HIGH SPRINGS, FL 32655 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:** LENORA MAZON-CALDWELL

10/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MAZON-CALDWELL, LENORA  
**Address:** 21905 NW 202 AVE  
**City-St-Zip:** HIGH SPRINGS, FL 32655 AL

**Title:** VP  
**Name:** CALDWELL, KELLEY T SR  
**Address:** 21905 NW 202 AVE  
**City-St-Zip:** HIGH SPRINGS, FL 32655 AL

**Title:** S  
**Name:** NATTIEL, JOI D  
**Address:** 21905 NW 202 AVE  
**City-St-Zip:** HIH SPRINGS, FL 32655 AL

**Title:** H  
**Name:** WATSON, TYRONE  
**Address:** 21905 NW 202 AVE  
**City-St-Zip:** HIGH SPRINGS, FL 32655 AL

**Title:** T/B  
**Name:** NATTIEL, JOI D  
**Address:** 21905 NW 202 AVE  
**City-St-Zip:** HIGH SPRINGS, FL 32655 AL

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:** LENORA MAZON-CALDWELL

P

10/18/2011

Electronic Signature of Signing Officer or Director

Date