

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N13844

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** WEST PUTNAM ATHLETIC ASSOCIATION INC.

**Current Principal Place of Business:**

P. O. BOX 822  
INTERLACHEN, FL 32148

**New Principal Place of Business:**

127 SE 3RD AVE  
INTERLACHEN, FL 32148

**Current Mailing Address:**

P. O. BOX 822  
INTERLACHEN, FL 32148

**New Mailing Address:**

**FEI Number:** 59-2934010      **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:**

PEEPLS, JENNIFER  
616 NEISMAN AVE  
INTERLACHEN, FL 32148      US

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

PROX, TODD  
165-2 WHISPERING PINES TRAIL  
INTERLACHEN, FL 32148      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: TODD PROX

03/18/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PROX, TODD  
Address: 165 WISHPERING PINE TRAIL  
City-St-Zip: INTERLACHEN, FL 32148

Title: VP  
Name: TYRE, DUSTYN  
Address: 237 5TH WAY  
City-St-Zip: INTERLACHEN, FL 32148

Title: VP  
Name: TERRELL, GLEN  
Address: 206 SOUTH 1ST AVE  
City-St-Zip: INTERLACHEN, FL 32148

Title: T  
Name: TYRE, SHEVAUN  
Address: 237 5TH WAY  
City-St-Zip: INTERLACHEN, FL 32148

Title: D  
Name: FLOWERS, HEATHER  
Address: 165-2 WHISPERING PINES TRAIL  
City-St-Zip: INTERLACHEN, FL 32148

Title: S  
Name: TYRE, FAYE  
Address: 140 SPRING LAKE DR  
City-St-Zip: INTERLACHEN, FL 32148

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: TODD PROX

PRES

03/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date