

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N44598

FILED
Oct 19, 2006
Secretary of State

Entity Name: THE SOUTH BREVARD DART CLUB INC.

Current Principal Place of Business:

4322 LIGUSTRUM DRIVE
MELBOURNE, FL 32934 US

New Principal Place of Business:

Current Mailing Address:

4322 LIGUSTRUM DRIVE
MELBOURNE, FL 32934 US

New Mailing Address:

FEI Number: 59-3096092 **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:

Name and Address of New Registered Agent:

MALLOW, DALE
4322 LIGUSTRUM DRIVE
MELBOURNE, FL 32934 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: DALE MALLOW

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MALLOW, DALE
Address: 4322 LIGUSTRUM DRIVE
City-St-Zip: MELBOURNE, FL 32934 US

Title: VD () Delete
Name: FACKLER, WAYNE
Address: 1545 HILLCREST DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

Title: SD () Delete
Name: FRAZIER, REBECCA
Address: 1431 CINDY CIRCLE
City-St-Zip: PALM BAY, FL 32905

Title: TD () Delete
Name: NASH, NICOLE
Address: 1545 HILLCREST DRIVE
City-St-Zip: MELBOURNE, FL 32935

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 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: DALE MALLOW

PD

10/19/2006

Electronic Signature of Signing Officer or Director

Date