

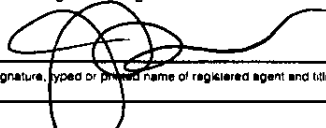
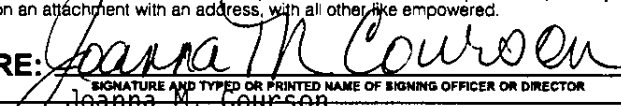


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N92000001006 1. Entity Name RIVER CITY SOFTBALL ASSOCIATION, INC.						FILED 09 JUN 2 PM 1:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business VICTORIA PARK 2946 E KNIGHTS LANE JACKSONVILLE, FL 32216				Mailing Address 2425 ORANGE PICKER RD JACKSONVILLE, FL 32223			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 96722 Blackrock Road					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State Yulee, FL					
Zip		Country		Zip 32097		Country US	
4. FEI Number 59-3157334				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ENTER, DERIC 11428 PRINCESSA LN JACKSONVILLE, FL 32218				7. Name and Address of New Registered Agent Name John B. Moss Street Address (P.O. Box Number is Not Acceptable) 1530 Business Center Dr., Ste. 4 City Fleming Island FL Zip Code 32003			
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 				John B. Moss		4-28-09	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!! FEE IS \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENTER, DERIC <input checked="" type="checkbox"/> Delete 11428 PRINCESSA LN JACKSONVILLE, FL 32218			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kenneth Davis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1821 Alder Drive West Orange Park, FL 32073		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COURSON, JOANNA <input type="checkbox"/> Delete 3209 BRIDGE COVE CIRCLE EAST JACKSONVILLE, FL 32216			TITLE NAME STREET ADDRESS CITY-ST-ZIP	96722 Blackrock Road <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Yulee, FL 32097		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLEGHORN, GLORIA <input type="checkbox"/> Delete 2425 ORANGE PICKER RD JACKSONVILLE, FL 32223			000156626010 <input type="checkbox"/> Addition 06/02/09--01037--016 **122.50			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
REINSTATEMENT 08-09							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				4/22/09		904 321-0175	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joanna M. Courson				Date		Daytime Phone #	