2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
May 09, 2008
Secretary of State

DOCUMENT# N93000002431

Entity Name: BIG BEND SALTWATER CLASSIC FOUNDATION, INC.

Current Principal Place of Business:

2545 BLAIRSTONE PINES DR
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2545 BLAIRSTONE PINES DR
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3244400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, AARON X
104 DAWN LAUREN LANE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: AARON MITCHELL

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: BETTS, BEN F III
Address: 3234 THOMAS DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: COCD ( ) Delete
Name: CLARKE, MICHELE T
Address: 1138 S MAGNOLIA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD ( ) Delete
Name: HOLLOWAY, JON
Address: 2545 BLAIRSTONE PINES DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Delete
Name: MITCHELL, AARON X
Address: 104 DAWN LAUREN LANE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: CLARKE, MICHELE T III
Address: 1138 S. MAGNOLIA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: COCD (X) Change ( ) Addition
Name: WEBB, DARREN
Address: 1900 CENTER POINT BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD (X) Change ( ) Addition
Name: O'KELLEY, PATRICK
Address: 2545 BLAIRSTONE PINES DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHELE T. CLARKE CD 05/09/2008

Electronic Signature of Signing Officer or Director — Date