2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N9400000016

FILED Oct 06, 2005 Secretary of State

Entity Name: CORNELL CLUB OF THE EMERALD COAST, INC.

Current Principal Place of Business: New Principal Place of Business: % RALPH A. PETERSON P.O. BOX 12950 PENSACOLA, FL 32576 **New Mailing Address: Current Mailing Address:** % RALPH A. PETERSON P.O. BOX 12950 PENSACOLA, FL 32576 FEI Number: 59-3245221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETERSON, RALPH A CROWE, PATRICK N 501 COMMENDENCIA STREET 1146 CAMAREE PLACE US PENSACOLA, FL 32501 PENSACOLA, FL 32534 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: PATRICK N CROWE 10/06/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FORD, JAMES C FORD, JAMES C Name: Name: 2806 WHISPER OAKS DR Address: 2806 WHISPER OAKS DR Address: City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: GULF BREEZE, FL 32561 US Title: () Delete Title: () Change () Addition BEUKENKAMP, FELIX Name: Name: Address: 101 BAYWIND DRIVE Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: Title: () Delete Title: PD (X) Change () Addition CROWE, PATRICK N CROWE, PATRICK N Name: Name: 1146 CAMAREE PLACE 1146 CAMAREE PLACE Address: Address: City-St-Zip: PENSACOLA, FL 32534 City-St-Zip: PENSACOLA, FL 32534 US (X) Change () Addition Title: SD () Delete Title: SD Name: BRADY, BARBARA Name: BRADY, BARBARA 6904 KITTY HAWK DRIVE Address: 6904 KITTY HAWK DRIVE Address: City-St-Zip: PENSACOLA, FL City-St-Zip: PENSACOLA, FL 32506 US Title: () Delete Title: () Change (X) Addition BRADY, JAMES Name: Name: 6904 KITTY HAWK DRIVE Address: Address: PENSACOLA, FL 32506 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition GAERTNER, DONALD Name: Name: Address: Address: 2040 DOWNING DRIVE PENSACOLA, FL 32505 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICK N CROWE PD 10/06/2005