

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000002538

FILED  
Sep 30, 2009  
Secretary of State

Entity Name: CARRABELLE YOUTH ATHLETICS, INC.

**Current Principal Place of Business:**

WILL KENDRICK SPORTS COMPLEX  
HWY 98  
CARRABELLE, FL 32322

**New Principal Place of Business:**

**Current Mailing Address:**

MATT KELLY  
PO BOX 784  
CARRABELLE, FL 32322

**New Mailing Address:**

JENNIFER DANIELS  
PO BOX 171  
CARRABELLE, FL 32322

FEI Number: 59-2445731      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:**

KELLY, MATT  
2007 LIGHTHOUSE RD  
CARRABELLE, FL 32322      US

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

DANIELS, JENNIFER  
502 TALLAHASSEE STREET  
CARRABELLE, FL 32322      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: JENNIFER DANIELS

09/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: WHALEY, DANA  
Address: 242 PEGGY LN  
City-St-Zip: CARRABELLE, FL 32322

Title: PT      ( ) Delete  
Name: KELLY, MATT  
Address: PO BOX 784  
City-St-Zip: CARRABELLE, FL 32322

Title: VPT      ( ) Delete  
Name: SEGREE, TERESA  
Address: 173 CALLRON ALLKUON RD  
City-St-Zip: CARRABELLE, FL 32322

Title: S      ( ) Delete  
Name: BUTTER, CONNIE  
Address: PO BOX 715  
City-St-Zip: CARRABELLE, FL 32322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: BUTLER, CONNIE  
Address: PO BOX 715  
City-St-Zip: CARRABELLE, FL 32322

Title: VP      (X) Change ( ) Addition  
Name: SIMMONS, VAN  
Address: GREY AVENUE  
City-St-Zip: CARRABELLE, FL 32322

Title: S      (X) Change ( ) Addition  
Name: DANIELS, JENNIFER  
Address: 502 TALLAHASSEE STREET  
City-St-Zip: CARRABELLE, FL 32322

Title: T      (X) Change ( ) Addition  
Name: MCLEOD, BRIDGET  
Address: 56 BRIAN STREET  
City-St-Zip: EASTPOINT, FL 32328

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: JENNIFER DANIELS

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09/30/2009

Electronic Signature of Signing Officer or Director

Date