

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