2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000002210

Entity Name: JACKSONVILLE BEACHES LIONS CLUB, INC.

FILED Jul 20, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

319 LIONS ROAD 319 LIONS ROAD

JACKSONVILLE, FL 32250 US JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address: New Mailing Address:

319 LIONS ROAD 319 LIONS ROAD

JACKSONVILLE, FL 32250 JACKSONVILLE BEACH, FL 32250

FEI Number: 59-1265511 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: Name and Address of New Registered Agent:

NOE, WILLIAM G JR

599 ATLANTIC BEACH BLVD., SUITE 6

HARRELL, THOMAS C

14181 BEACH BLVD., SUITE #5

ATLANTIC BEACH, FL 32233 US JACKSONVILLE, FL 32250 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: THOMAS C HARRELL 07/20/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: CARROLL, CHARLES R Name: FISETTE, ROBERT

Address: 1841 N SHERRY DR. Address: 4524 CHARLES BENNETT

City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete Title: VP (X) Change () Addition Name: NAVICKAS, LEONARD Name: EISCH, STEPHEN

Address: 13353 TROPIC EGRET DR. Address: 76 JARDIN DE MER PLACE
City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ST () Delete Title: ST (X) Change () Addition Name: YOUNG, M. DELORES Name: ROBERTS, DELORES

Address: 201 TENTH AVE. NORTH, #207 Address: 1814 GROVE STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Delete Title: TR () Change (X) Addition Name: HARRELL, THOMAS C

Address: Address: 14181 BEACH BLVD., SUITE #5
City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32250

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: THOMAS C HARRELL TR 07/20/2007