

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000003316

FILED
Nov 16, 2009
Secretary of State

Entity Name: MAYPORT VILLAGE CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

1347 PALMER STREET
MAYPORT, FL 322332409

New Principal Place of Business:

1441 PALMER STREET
MAYPORT, FL 322332409

Current Mailing Address:

1433 FERRIS STREET
MAYPORT, FL 322332409

New Mailing Address:

FEI Number: 59-3087177 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:

SMITH, N K
1433 FERRIS STREET
MAYPORT, FL 32233 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: SMITH, N.K.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FISHER, DAVID
Address: 4636 RIBAULT PARK STREET
City-St-Zip: MAYPORT, FL 32233

Title: VD () Delete
Name: CARNEY, CHARLES
Address: 1331 BROAD STREET
City-St-Zip: MAYPORT, FL 32233

Title: TD () Delete
Name: SMITH, N. K
Address: 1433 FERRIS STREET
City-St-Zip: MAYPORT, FL 32233

Title: SD () Delete
Name: STRICKLAND, JANICE
Address: 1441 PALMER ST
City-St-Zip: MAYPORT, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BALDWIN, MICHELLE
Address: 1441 PALMER ST
City-St-Zip: MAYPORT, FL 32233

Title: VD (X) Change () Addition
Name: SINGLETON, DEAN
Address: 1441 PALMER STREET
City-St-Zip: MAYPORT, FL 32233

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

Title: SD (X) Change () Addition
Name: TUTTLE, SANDRA
Address: 1441 PALMER ST
City-St-Zip: MAYPORT, FL 32233

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: MICHELLE BALDWIN

PD

11/16/2009

Electronic Signature of Signing Officer or Director

Date