

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N98000003316

**FILED**  
**Oct 15, 2013**  
**Secretary of State**

**Entity Name:** MAYPORT VILLAGE CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

1441 PALMER STREET  
MAYPORT, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

1441 PALMER STREET  
MAYPORT, FL 322332409

**New Mailing Address:**

1441 PALMER STREET  
MAYPORT, FL 32233

**FEI Number:** 59-3087177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:** NORA KATHLEEN SMITH

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** BALDWIN, MICHELLE  
**Address:** 1441 PALMER ST  
**City-St-Zip:** MAYPORT, FL 32233

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

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

**Title:** VPD  
**Name:** BROWN, JOSEPH C JR.  
**Address:** 1441 PALMER ST  
**City-St-Zip:** MAYPORT, FL 32233

I hereby 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 all other like empowered.

**SIGNATURE:** MICHELLE BALDWIN

PD

10/15/2013

Electronic Signature of Signing Officer or Director

Date