

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000005631

FILED
Oct 18, 2005
Secretary of State

Entity Name: DUG OUT CLUB, INC.

Current Principal Place of Business:

302 MELLON ROAD
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 321
PALATKA, FL 32177

New Mailing Address:

3400 CRILL AVENUE
1
PALATKA, FL 32177

FEI Number: 59-3447204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAYNE, ROBERT
2700 FAIRWAY DRIVE
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

BATES, BEN
3400 CRILL AVENUE
1
PALATKA, FL 32177 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: BEN BATES

10/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAYNE, ROBERT
Address: 2700 FAIRWAY DRIVE
City-St-Zip: PALATKA, FL 32177

Title: DVP () Delete
Name: LEWIS, SUSAN
Address: 111 KAREN PLACE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: MCDONALD, JIMMY
Address: 111 PEAVINE COURT
City-St-Zip: PALATKA, FL 32177

Title: TD (X) Delete
Name: DUTY, DONNA
Address: 122 FRANCIS CHURCH ROAD
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BATES, BEN
Address: 3400 CRILL AVENUE, SUITE 1
City-St-Zip: PALATKA, FL 32177

Title: SEC (X) Change () Addition
Name: WARWICK, SHELIAH
Address: 114 WARDS ROAD
City-St-Zip: PALATKA, FL 32177

Title: TRES (X) Change () Addition
Name: HELMS, SHERRI
Address: 400 MAGNOLIA DRIVE
City-St-Zip: PALATKA, FL 32177

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BEN BATES

PD

10/18/2005

Electronic Signature of Signing Officer or Director

Date