## 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N01000009049

FILED Feb 15, 2010 Secretary of State

Entity Name: MAGGARD FOUNDATION FOR THE BLIND AND PHYSICALLY HANDICAPPED, INC.

Current Principal Place of Business: New Principal Place of Business:

1270 MARTY BLVD. SUITE#101

ALTAMONTE SPRINGS, FL 327142725

Current Mailing Address: New Mailing Address:

1270 MARTY BLVD. SUITE # 101

ALTAMONTE SPRINGS, FL 327142725

FEI Number: 30-0003609 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:

MARKS, TAMERA J 1724 IMPERIAL PALM DR. APOPKA, FL 32712 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: MARKS, TAMERA J.

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: DIR

Name: MAGGARD, DIANE M EXC.SEC

Address: 1270 MARTY BLVD.

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: DIR

Name: MAGGARD, LAWRENCE D PRES.

Address: 1270 MARTY BLVD.

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: DIR

Name: MARKS, TAMERA J RES AG Address: 1724 IMPERIAL PALM DRIVE City-St-Zip: APOPKA, FL 32712 US

Title: DIR

Name: WILLIAMSON, WAYNE W MED.DIR

Address: 19020 115TH TERRACE City-St-Zip: OLATHE, KS 66061 US

Title: DIR

Name: VASQUEZ, NANCY J SECTY

Address: 1270 MARTY BLVD

City-St-Zip: ALTAMONTE SPRINGS, FL 327142725 US

Title: DIR

Name: KNOX, WILLIAM ACCT.
Address: 74 JUSTIN DRIVE
City-St-Zip: APOPKA, FL 32712 US

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: MAGGARD, LAWRENCE D. DIR 02/15/2010