

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Mar 30, 2007
Secretary of State**

DOCUMENT# N03000004652

Entity Name: LORETTA AND RUDY BENEVOLENCE FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 848787
PEMBROKE PINES, FL 33084

New Principal Place of Business:

2051 N.W. 76 TERRACE
PEMBROKE PINES, FL 33024

Current Mailing Address:

P.O. BOX 848787
PEMBROKE PINES, FL 33084

New Mailing Address:

P.O. BOX 848656
PEMBROKE PINES, FL 33084

FEI Number: 55-0836664 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:

ROLLE, APRIL E
2051 N.W. 76 TERRACE
PEMBROKE PINES, FL 33024 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: APRIL E. ROLLE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CFOD () Delete
Name: ROLLE, APRIL E
Address: 2051 N.W. 76 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: ROLLE, JONATHAN E
Address: 2051 N.W. 76 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VCD () Delete
Name: STAFFORD, RANDOLPH P
Address: 1112 GENERAL MACARTHUR DR.
City-St-Zip: BRENTWOOD, TN 37027

Title: SD () Delete
Name: STAFFORD, DEBRAH L
Address: 1112 GENERAL MACARTHUR DR.
City-St-Zip: BRENTWOOD, TN 37027

Title: D () Delete
Name: BROWN, BO
Address: 3419 SOMERSET DRIVE
City-St-Zip: LOS ANGELES, CA 90016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: APRIL E. ROLLE

Electronic Signature of Signing Officer or Director

CFOD

03/30/2007

Date