


PS 182

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV -1 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000011298			
1. Entity Name MICHAEL AND SANDRA MCCLURE FOUNDATION, INC.			
Principal Place of Business 2210 DONATO DR BELLEAIR BEACH, FL 33767		Mailing Address 2210 DONATO DR BELLEAIR BEACH, FL 33767	
2. Principal Place of Business		3. Mailing Address 1219 Franklin Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Clearwater Fl	
Zip	Country	Zip 33756	Country
6. Name and Address of Current Registered Agent WATTS, STEPHEN G 606 DRUID ROAD E CLEARWATER, FL 33756		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>[Signature]</u>		DATE <u>10/26/05</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCLURE, MICHAEL W 2210 DONATO DR BELLEAIR BEACH, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700061079277 11/01/05--01058--016 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCCLURE, SANDRA K 2210 DONATO DR BELLEAIR BEACH, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WATTS, STEPHEN G 606 DRUID ROAD E CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CROWN, ROBERT E 1219 FRANKLIN CIRCLE CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>U. Roberts Roberts NOV 05 2005</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address; with all other like empowered.			
SIGNATURE: <u>[Signature]</u>		Date <u>10/26/05</u> 727-461-3232	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Ps 282



Division of Corporations

Reinstatement

Reinstatement Help

Document Number

N04000011298

Business Entity Name

MICHAEL AND SANDRA MCCLURE FOUNDATION, INC.

A \$175.00 reinstatement fee is imposed, except in circumstances in which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and the \$175.00 reinstatement fee will be waived.

FEI Number

20-1972662

FEI Number Status

Listed Above Applied For Not Applicable

Certificate of Status Desired Yes No \$8.75 each

Principal Place of Business

Address

2210 DONATO DR

Suite, Apt. #, etc.

City, State

BELLEAIR BEACH, FL

Zip Code & Country 33767

Mailing Address

Address

~~2210 DONATO DR~~ 1219 Franklin Circle

Suite, Apt. #, etc.

Clearwater

City, State

~~BELLEAIR BEACH~~, FL

Zip Code & Country ~~33767~~ 33756

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

WATTS, STEPHEN, G

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

606 DRUID ROAD E

Suite, Apt. #, etc.

City, State

CLEARWATER, FL

Zip Code & Country

33756 US