

**2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000001960

**FILED  
Aug 13, 2010  
Secretary of State**

**Entity Name:** NORTH PORT MIDDLE SCHOOLS COMMUNITY OF CARING FOUNDATION, INC.

**Current Principal Place of Business:**

2700 PANACEA BLVD  
NORTH PORT, FL 34289

**New Principal Place of Business:**

**Current Mailing Address:**

2700 PANACEA BLVD  
NORTH PORT, FL 34289

**New Mailing Address:**

**FEI Number:** 20-3819840      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATSON, R T JR  
2700 PANACEA BLVD  
WOODLAND MIDDLE SCHOOL  
NORTH PORT, FL 34289 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: R. T. WATSON, JR.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WATSON, R T JR  
Address: WOODLAND MS, 2700 PANACEA BLVD  
City-St-Zip: NORTH PORT, FL 34289

Title: DV  
Name: LAWRENCE, KRISTINE  
Address: WOODLAND MS, 2700 PANACEA BLVD  
City-St-Zip: NORTH PORT, FL 34289

Title: DST  
Name: THOMPSON, JEAN MARIE  
Address: HERON CREEK MS, 6501 W PRICE BLVD  
City-St-Zip: NORTH PORT, FL 34286

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: R. T. WATSON, JR.

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CHMN

08/13/2010

\_\_\_\_\_  
Date