

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

14 SEP 11 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N12000009695



1. Entity Name  
THE GIVING ALPHABET INC

Principal Place of Business  
3226 ALBERT DR.  
TALLAHASSEE, FL 32309

Mailing Address  
3226 ALBERT DR.  
TALLAHASSEE, FL 32309

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09112014 REIN-NP

CR2E099 (12/11)

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IRWIN, DAVID L  
5052 CENTENNIAL OAK CIRCLE  
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

Wendy Sanders

Street Address (P.O. Box Number is Not Acceptable)

3226 Albert Dr.

City

Tallahassee

FL

Zip Code

32309

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

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Wendy Sanders

9/11/14

FILE NOW!!! FEE IS \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME DEYENT, DAKOTA  
STREET ADDRESS 3226 ALBERT DR.  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE D ☐ Delete  
NAME DAVIS, DONALD  
STREET ADDRESS 919 HAWTHORNE RD.  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE D ☒ Delete  
NAME CRANDALL, ELIOT  
STREET ADDRESS 1001 OCALA RD  
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE D ☐ Delete  
NAME SANDERS, WENDY  
STREET ADDRESS 3226 ALBERT DR  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 000264255120  
09/12/14--01001--001 \*\*\*297.50

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Sabrina Parrish  
STREET ADDRESS 3285 Lord Murphy Trail  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Wendy Sanders

9/11/14

givingalphabet@comcast.net

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

E-MAIL ADDRESS