

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 714358

FILED
Oct 20, 2009
Secretary of State

Entity Name: FOUNDATION FOR THE SCHOOLS FOR THE DEAF AND THE BLIND OF FLORIDA, INC.

Current Principal Place of Business:

207 N SAN MARCO AVENUE
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

207 N SAN MARCO AVENUE
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 23-7182169 **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:

SMITH, DAVID
308 EBB TIDE CT
PONTE VEDRA BEACH, FL 32082 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: DAVID SMITH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREEN, HENRY F
Address: 24 N ST AUGUSTINE BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TD () Delete
Name: SMITH, DAVID
Address: 308 EBB TIDE CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD () Delete
Name: WHITE, HENRY
Address: 848 WHITE EAGLE CIR
City-St-Zip: ST AUGUSTINE, FL

Title: SD () Delete
Name: DILLON, MARY JANE
Address: 902 REDBUD TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: HUTTO, DANIEL L
Address: 845 CRESTWOOD DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: BAILEY, JOHN
Address: 31 CORDOVA ST.
City-St-Zip: ST. AUGUSTINE, FL

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
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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 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: DAVID SMITH

Electronic Signature of Signing Officer or Director

TD

10/20/2009

Date