2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2007
Secretary of State

DOCUMENT# 717226

Entity Name: FLORIDA BOARD OF GOVERNORS FOUNDATION, INC.

Current Principal Place of Business:

C/O CAROLYN K. ROBERTS
325 WEST GAINES STREET
TALLAHASSEE, FL 32399

New Principal Place of Business:

C/O CAROLYN K. ROBERTS
325 WEST GAINES STREET; SUITE 1614
TALLAHASSEE, FL 323990400

Current Mailing Address:

C/O CAROLYN K. ROBERTS
325 WEST GAINES STREET
TALLAHASSEE, FL 32399

New Mailing Address:

C/O CAROLYN K. ROBERTS
325 WEST GAINES STREET; SUITE 1614
TALLAHASSEE, FL 323990400

FEI Number: 23-7037528 **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:

ROBERTS, CAROLYN K
325 WEST GAINES STREET
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

ROBERTS, CAROLYN K
325 WEST GAINES STREET; SUITE 1614
TALLAHASSEE, FL 323990400 US

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: CAROLYN K. ROBERTS 10/08/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TEMPLE, JOHN W
Address: 325 W GAINES STREET
City-St-Zip: TALLAHASSEE, FL 32399

Title: D ( ) Delete
Name: DUNCAN, ANN W
Address: 325 W GAINES STREET
City-St-Zip: TALLAHASSEE, FL 32399

Title: C ( ) Delete
Name: ROBERTS, CAROLYN K
Address: 325 W GAINES STREET
City-St-Zip: TALLAHASSEE, FL 32399

Title: V ( ) Delete
Name: DASBURG, JOHN H
Address: 325 W GAINES STREET
City-St-Zip: TALLAHASSEE, FL 32399

Title: D ( ) Delete
Name: PARKER, AVA L
Address: 325 W GAINES STREET
City-St-Zip: TALLAHASSEE, FL 32399

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 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: CAROLYN K. ROBERTS MRS 10/08/2007
Electronic Signature of Signing Officer or Director — Date