1082

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 21 PM 12:48

SECRETARY OF STATE TALLAHASSEE FLORIDA

700 ... 11/21/07 ... -001 **70.00

10122007 REIN-NP CR2E099 (1/07)

DOCUMENT # 740389

1. Entity Name
ST. JAMES RESIDENCE OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
400 S. OLIVE AVE. WEST PALM BEACH, FL 33401	400 S. OLIVE AVE. WEST PALM BEACH, FL 33401

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

4. FEI Number 59-1847497 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLANIGAN, JOHN 625 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) 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 ______________________________ DATE ______

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $61.25 After January 1, 2008, Fee will be $122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE T NAME MANGRUM, JOHN REV STREET ADDRESS 6065 S. VERDE TRAIL G313 CITY-ST-ZIP BOCA RATON, FL 33433	☐ Delete	TITLE M NAME Nicholas Wells STREET ADDRESS 5294 Rivermill Lane CITY-ST-ZIP Lake Worth, FL 33463	☐ Change ☒ Addition
TITLE PD NAME HAMILTON, THE REV. WME STREET ADDRESS 100 N PALM WAY CITY-ST-ZIP LAKE WORTH, FL 33460	☐ Delete	TITLE M NAME Jane Coleman STREET ADDRESS 427 Preswick Lane CITY-ST-ZIP Palm Beach Gardens, FL 33418	☐ Change ☒ Addition
TITLE V.P NAME OLIN, BARBARA STREET ADDRESS 2614 EMERY LANE CITY-ST-ZIP LAKE WORTH, FL 33460	☐ Delete	TITLE M NAME Stephen Boruff STREET ADDRESS 901 Northpoint Parkway Suite 101 CITY-ST-ZIP West Palm Beach, FL 33407	☐ Change ☒ Addition
TITLE M NAME DEHON, PAT STREET ADDRESS 3800 WASHINGTON RD #706 CITY-ST-ZIP WEST PALM BEACH, FL 33405	☐ Delete	TITLE M NAME Paul Thomson STREET ADDRESS 19788 Hibiscus Drive CITY-ST-ZIP Tequesta, FL 33469	☐ Change ☒ Addition
TITLE MBR NAME SMALLING, GENE MR STREET ADDRESS 2960 CYNTHIA LANE #201 CITY-ST-ZIP LAKE WORTH, FL 33461	☒ Delete	TITLE T NAME John Meade STREET ADDRESS 2964 San Remo Way CITY-ST-ZIP Delray Beach, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE S NAME Mr. Peter Wronsky STREET ADDRESS 749 U.S. Highway 1 Suite 205 CITY-ST-ZIP North Palm Beach, FL 33408	☐ Change ☒ Addition

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: The Rev William E. Hamilton 10-12-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

2 of 2

page 2

DOCUMENT # 740389

1. Entity Name
ST. JAMES RESIDENCE OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
400 S. OLIVE AVE. WEST PALM BEACH, FL 33401	400 S. OLIVE AVE. WEST PALM BEACH, FL 33401

10122007 REIN-NP CR2E099 (1/07)

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

4. FEI Number 59-1847497 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLANIGAN, JOHN 625 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $61.25
After January 1, 2008, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	T MANGRUM, JOHN REV 6065 S. VERDE TRAIL G313 BOCA RATON, FL 33433	☐ Delete	TITLE M NAME STREET ADDRESS CITY-ST-ZIP	The Rev. Denise Hudspeth 6730 Dull Run Road Apt. #259 Miami Lakes, FL 33014	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAMILTON, THE REV. WME 100 N PALM WAY LAKE WORTH, FL 33460	☐ Delete	TITLE M NAME STREET ADDRESS CITY-ST-ZIP	The Rev. Walter F. Hendricks III All Saints Episcopal Church 2303 N.E. Seaview Drive Jensen Beach, FL 33497-5533	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M OLIN, BARBARA 2614 EMERY LANE LAKE WORTH, FL 33460	☐ Delete	TITLE M NAME STREET ADDRESS CITY-ST-ZIP	Mr. Jacob Paulsen 7975 Pine Tree Lane West Palm Beach, FL 33406	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M DEHON, PAT 3800 WASHINGTON RD #706 WEST PALM BEACH, FL 33405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBR SMALLING, GENE MR 2960 CYNTHIA LANE #201 LAKE WORTH, FL 33461	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: The Rev William C. Hamilton 10-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #