

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 744271

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** SOUTHEASTERN CONFERENCE FOR PUBLIC ADMINISTRATION, INC.

**Current Principal Place of Business:**

6000 SW 26TH STREET  
MIAMI, FL 33155 US

**New Principal Place of Business:**

104 PARKVIEW COURT  
LEXINGTON, SC 29072 US

**Current Mailing Address:**

6000 SW 26TH STREET  
MIAMI, FL 33155 US

**New Mailing Address:**

PO BOX 1518  
LEXINGTON, SC 29071 US

**FEI Number:** 59-2639543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MICHAEL, CAPOTE  
6000 SW 26TH STREET  
MIAMI, FL 33155 US

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

BOBES, STEVEN  
1624 SW 83 AVENUE  
MIAMI, FL 33155 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: STEVEN BOBES

03/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: BRIGHT, LEONARD  
Address: 1511 SOUTH TEXAS AVE, #234  
City-St-Zip: COLLEGE STATION, TX 77840 US

Title: MR.  
Name: BOBES, STEVEN  
Address: 1625 SW 83 AVENUE  
City-St-Zip: MIAMI, FL 33155 US

Title: DR.  
Name: WROBEL, SHARON L  
Address: 110 S. MARTIN STREET  
City-St-Zip: LITTLE ROCK, AR 72205

Title: MS  
Name: HENSLEY, KATHRYN E  
Address: 104 PARKVIEW COURT  
City-St-Zip: LEXINGTON, SC 29072 US

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: KATHRYN E. HENSLEY

TREA

03/19/2012

Electronic Signature of Signing Officer or Director

Date