

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 15 AM 9:29

<b>DOCUMENT # 762299</b> 1. Entity Name <b>PALL-BEARERS SOCIETY NO. 5, WEST SANFORD, INC.</b>					
Principal Place of Business <b>1604 PEACH AVENUE SANFORD, FL 32771 US</b>			Mailing Address <b>1604 PEACH AVENUE SANFORD, FL 32771</b>		
2. Principal Place of Business <b>1501 West 11th St</b>		3. Mailing Address <b>1501 West 11th St.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Sanford FLA</b>		City & State <b>Sanford FLA</b>		4. FEI Number <b>59-2385149</b>	
Zip <b>32771</b>		Country <b>Gemindole</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32771</b>		Country <b>Gemindole</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JORDAN, ELIZABETH 228 LONGWOOD DR. OSTEEN, FL 32764</b>			7. Name and Address of New Registered Agent Name <b>Jordan Elizabeth</b> Street Address (P.O. Box Number is Not Acceptable) <b>228 Longwood DR</b> City <b>Osteen</b> <b>FL</b> Zip Code <b>32764</b>		
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 <b>Elizabeth Jordan - President</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>11-12-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2005, Fee will be \$297.50</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN, ELIZABETH 228 LONGWOOD DR. OSTEEN, FL 32764	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900042751959 11/15/04--01065--006 ***236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREDRICK, CHARLOTTE 1001 W. 8TH ST. SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, ZORA MAE 1219 W. 8TH. ST. SANFORD, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLACK, GERTRUDE 1501 W. 11TH STREET SANFORD, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Elizabeth Jordan</b> <b>ELIZABETH JORDAN</b> - <b>11-12-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



11022004 REIN-NP CR2E099 (6/04)

11-12-04 (Date)