# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 16, 2007**
**Secretary of State**

DOCUMENT# F93000002454

**Entity Name:** THE NATIONAL EDUCATION FOUNDATION INC.

**Current Principal Place of Business:**

P O BOX 1964
NEW PORT RICHEY, FL 34656 US

**New Principal Place of Business:**

5418 CARLTON RD
NEW PORT RICHEY, FL 34652 US

**Current Mailing Address:**

P O BOX 1964
NEW PORT RICHEY, FL 34656 US

**New Mailing Address:**

**FEI Number: 87-0498308** **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, DEBBIE
5418 CARLTON RD
NEW PORT RICHEY, FL 34652 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: DEBBIE SMITH
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: SMITH, WAYNE
Address: 5306 AVERY RD
City-St-Zip: NEW PORT RICHEY, FL

Title: D ( ) Delete
Name: KNOPP, DEBORAH J
Address: 5306 AVERY RD
City-St-Zip: NEW PORT RICHEY, FL

Title: T ( ) Delete
Name: SMITH, DEBBIE
Address: 5418 CARLTON RD.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ST ( ) Delete
Name: SMITH, MICHAEL P
Address: P O BOX 1964
City-St-Zip: NEW PORT RICHEY, FL 34656

**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:

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: DEBBIE SMITH T 10/16/2007
Electronic Signature of Signing Officer or Director Date