

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000000631

FILED
Jan 25, 2006
Secretary of State

Entity Name: THE BENEVOLENT EMPIRE FOUNDATION, INC.

Current Principal Place of Business:

3227 RIVER RD.
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

2812 OAKLAND DRIVE
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

3227 RIVER RD.
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

2812 OAKLAND DRIVE
GREEN COVE SPRINGS, FL 32043

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

BLACKBURN, DENNIS L
6620 SOUTHPOINT DR. SOUTH, SUITE 200
JACKSONVILLE, FL 32216 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: DENNIS L. BLACKBURN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRINGLE, RITA S
Address: 426 CEDAR CREEK RD
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: MEYER, CONNIE
Address: 715 WALNUT STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD () Delete
Name: SIMONIC, NICHOLAS
Address: 8750 PERIMETER PARK
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Delete
Name: BARBER, STEVE
Address: 4721 SUSSEX AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Delete
Name: STRICKLAND, CYNTHIA
Address: 5328 107TH STREET
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PRINGLE, RITA S
Address: 2812 OAKLAND DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP (X) Change () Addition
Name: PRINGLE, JAMES K SR.
Address: 2812 OAKLAND DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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 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: RITA S. PRINGLE

PD

01/25/2006

Electronic Signature of Signing Officer or Director

Date