2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000003244

FILED Feb 07, 2008 Secretary of State

Entity Name: WALKER MEMORIAL ACADEMY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1525 WEST AVON BLVD. AVON PARK, FL 33825

Current Mailing Address: New Mailing Address:

1525 WEST AVON BLVD. AVON PARK, FL 33825

FEI Number: 59-3646114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FARMER, WILLIAM E 1525 WEST AVON BLVD. AVON PARK, FL 33825 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: WILLIAM E. FARMER

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: CHEN, TONY Y Name: WALZ, KAYLENE

Address: 1525 WEST AVON BLVD. Address: 1525 WEST AVON BLVD.
City-St-Zip: AVON PARK, FL 33825 City-St-Zip: AVON PARK, FL 33825

Title: VD () Delete Title: () Change () Addition

 Name:
 ROUSE, RAY R
 Name:

 Address:
 1525 WEST AVON BLVD
 Address:

 City-St-Zip:
 AVON PARK, FL 33825
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 FARMER, WİLLIAM E
 Name:

 Address:
 1525 WEST AVON BLVD
 Address:

 City-St-Zip:
 AVON PARK, FL 33825
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 SAGER, WILLIAM C
 Name:

 Address:
 1545 WEST POINSETTIA ROAD
 Address:

 City-St-Zip:
 AVON PARK, FL
 City-St-Zip:

Name: ASHCRAFT, ALAN Name: MCNUTT, WAYNE

Address: 246 WEST LAKE DAMON DRIVE Address: 1525 WEST AVON BOULEVARD

City-St-Zip: AVON PARK, FL City-St-Zip: AVON PARK, FL

Title: D () Delete Title: D (X) Change () Addition

 Name:
 WALZ, KAYLENE
 Name:
 MAQUERA, WERNER

 Address:
 1525 WEST AVON BLVD
 Address:
 1525 WEST AVON BLVD

 City-St-Zip:
 AVON PARK, FL 33825
 City-St-Zip:
 AVON PARK, FL 33825

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: WILLIAM E. FARMER RA 02/07/2008