2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 25, 2009
Secretary of State

DOCUMENT# N00000003244

Entity Name: WALKER MEMORIAL ACADEMY FOUNDATION, INC.

Current Principal Place of Business:

1525 WEST AVON BLVD.
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

1525 WEST AVON BLVD.
AVON PARK, FL 33825

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WALZ, KAYLENE
Address: 1525 WEST AVON BLVD.
City-St-Zip: AVON PARK, FL 33825

Title: VD ( ) Delete
Name: ROUSE, RAY R
Address: 1525 WEST AVON BLVD
City-St-Zip: AVON PARK, FL 33825

Title: SD ( ) Delete
Name: FARMER, WILLIAM E
Address: 1525 WEST AVON BLVD
City-St-Zip: AVON PARK, FL 33825

Title: TD ( ) Delete
Name: SAGER, WILLIAM C
Address: 1545 WEST POINSETTIA ROAD
City-St-Zip: AVON PARK, FL

Title: D ( ) Delete
Name: MCNUTT, WAYNE
Address: 1525 WEST AVON BOULEVARD
City-St-Zip: AVON PARK, FL

Title: D ( ) Delete
Name: MAQUERA, WERNER
Address: 1525 WEST AVON BLVD
City-St-Zip: AVON PARK, FL 33825

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:

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: WILLIAM E. FARMER SD 11/25/2009

Electronic Signature of Signing Officer or Director — Date