

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000005379

1. Entity Name
SCOTT STAPP FOUNDATION, INC.



FILED

08 OCT 23 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
401 MARKET STREET
SHREVEPORT, LA 71101

Mailing Address
401 MARKET STREET
SHREVEPORT, LA 71101

2. Principal Place of Business - No P.O. Box #
5715 Lakefront Drive
Suite, Apt. #, etc.

3. Mailing Address
5715 Lakefront Drive
Suite, Apt. #, etc.



REINSTATEMENT 08

City & State
Shreveport, Louisiana
Zip
71119
Country
USA

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Shreveport, Louisiana
Zip
71119
Country
USA

4. FEI Number
59-3664721

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAYEGH, WILLIAM G ESQ.
BOCA BUSINESS CENTER, LLC
1200 N. FEDERAL HIGHWAY, STE. 200
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name
Regions Morgan Keegan Trust
Street Address (P.O. Box Number is Not Acceptable)
8812 Twin Lake Drive
City
Boca Raton FL Zip Code
33496

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

Regions Bank, Agt
By: Carol D. B...

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Mailed to old address; rec'd late.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD STAPP, SCOTT A 401 MARKET STREET SHREVEPORT, LA 71101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BERLIN, RICK 401 MARKET STREET SHREVEPORT, LA 71101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD STAPP, JACLYN 8812 TWIN LAKE DRIVE BOCA RATON, FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5715 Lakefront Drive Shreveport, LA 71119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5715 Lakefront Drive Shreveport, LA 71119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000137212950 10/23/08--01032--001 **\$61.25
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kirk Beil
Exec Dir 318286-7313

2010/24