2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# N00000007983

Entity Name: EDWIN C. TRAWICK FOUNDATION, INC.

Current Principal Place of Business:

620 CANDY KITCHEN RD.
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 694
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 59-3684847 **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:

TRAWICK, DOUGLAS H
620 CANDY KITCHEN ROAD
CHIPLEY, FL 32428 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: DOUGLAS H. TRAWICK
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TRAWICK, DOUGLAS H
Address: 620 CANDY KITCHEN ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete
Name: CARRSWELL, MARY T
Address: 1101 TRAWICK PLACE
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete
Name: MATHIS, CYNTHIA T
Address: 1101 TRAWICK PLACE
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete
Name: WALLACE, ROBYN T
Address: 1042 FORREST CHAPEL ROAD
City-St-Zip: HARTSELLE, AL 35640

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: DOUGLAS H. TRAWICK PRES 10/13/2009
Electronic Signature of Signing Officer or Director — Date