

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000000047					
1. Entity Name THE FRIENDS OF CORBETT; SUPPORTERS OF THE J.W. CORBETT WILDLIFE MANAGEMENT AREA AND THE EVERGLAD					
Principal Place of Business 12100 SEMINOLE PRATT-WHITNEY RD W PALM BEACH, FL 33412			Mailing Address P.O. BOX 16309 WEST PALM BEACH, FL 33416-6309		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1044389	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANLEY, LINDA 5865 SUMMIT BLVD WEST PALM BEACH, FL 33415			7. Name and Address of New Registered Agent Name <u>CAROL ROBERT WRIGHT</u> Street Address (P.O. Box Number is Not Acceptable) <u>15439 94th Street North</u> City <u>West Palm Beach</u> <u>FL</u> Zip Code <u>33412</u>		
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 <u>Carol Robert Wright</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>6-13-2008</u>	
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREASMAN, JOHN 3871 147TH AVE. NORTH LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CAROL ROBERT WRIGHT 15439 94th St N WPB FL 33412	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGER, BETH 2025 BROWARD AVE, #4 W PALM BEACH, FL 33470	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300131446443 06/18/08--01034--001 ***306.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKMAN, PAUL 15360 118TH TERR N JUPITER, FL 33478	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANLEY, LINDA 5865 SUMMIT BLVD W PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAMMELL, BERT 23500 SW KANNER HWY CANAL POINT, FL 33438	<input checked="" type="checkbox"/> Delete	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"/> Delete		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: <u>Carol Robert Wright</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				CAROL ROBERT WRIGHT 6/13/08 561- <small>Date City/Time Phone #</small>	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08

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