2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
09 FEB 27 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000000220

1. Entity Name
STANLEY MINISTRIES FOR THE DISABLED AND ELDERLY, INC.

Principal Place of Business
1129 ARCO DR
JACKSONVILLE, FL 32211

Mailing Address
~~P.O. BOX 8027~~
~~JACKSONVILLE, FL 32239~~
4108 OLD MILL COVE TRE
JAX, FL
32277

02172009 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #
1129 ARCO DR
Suite, Apt. #, etc.

3. Mailing Address
4108 OLD MILL COVE TRE
Suite, Apt. #, etc.

City & State: JAX
Zip: 32211 Country: USA

City & State: FLA
Zip: 32277 Country: USA

4. FEI Number
59-3425440
Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~STANLEY, HUGH C~~
~~6427 SIMCA DR~~
JACKSONVILLE, FL 32277
Shirley F Stanley
4108 OLD MILL COVE TRE
JAX, FL 32277

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
700144617737
02/27/09--01034--012 **131.25
City: FL Zip Code

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 Shirley F. Stanley Shirley F. Stanley 2-24-09
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $122.50 T 8.75

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	☒ Delete	President — Shirley F. STANLEY — ☒ Change ☐ Addition
NAME	STANLEY, HUGH		
STREET ADDRESS	6427 SIMCA DR		4108 OLD MILL COVE TR E
CITY-ST-ZIP	JACKSONVILLE, FL 32277		JACKSONVILLE, FL 32277
TITLE	T	☒ Delete	VICE PRES. — ☐ Change ☒ Addition
NAME	STANLEY, SHIRLEY		Sherman E. STANLEY
STREET ADDRESS	6427 SIMCA DR		10265 Secret HARBOR CT
CITY-ST-ZIP	JACKSONVILLE, FL 32277		JAX, FLA 32256
TITLE	T	☒ Delete	SECRETARY — ☐ Change ☒ Addition
NAME	TROTTA, DAVID		Cheri M. Stanley
STREET ADDRESS	1730 SHADOWOOD LN, SUITE 302		4108 Old Mill Cove TRE
CITY-ST-ZIP	JACKSONVILLE, FL 32207		JAX, FLA 32277
TITLE		☐ Delete	TREASURER — ☐ Change ☒ Addition
NAME			Kimberly Simonic Stanley
STREET ADDRESS			10265 Secret Harbor CT
CITY-ST-ZIP			JAX, FL ~~32277~~ 32256
TITLE		☐ Delete	BOARD member — ☐ Change ☒ Addition
NAME			Nick Simonic, CPA
STREET ADDRESS			9950 Chelsea LAKE D
CITY-ST-ZIP			JAX, FL 32256
TITLE		☐ Delete	BOARD MEMBER — ☐ Change ☒ Addition
NAME			Becky Buchanan
STREET ADDRESS			10786 NW 94th MANOR
CITY-ST-ZIP			CORAL SPRINGS, FL 33071

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: Shirley F. Stanley Pres. Shirley F. STANLEY 2-24-09 904-744-1536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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