# 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

T 8.75
**FILE NOW!!! FEE IS $122.50**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>STANLEY, HUGH<br>6427 SIMCA DR<br>JACKSONVILLE, FL 32277 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Shirley F. STANLEY<br>4108 OLD MILL COVE TR E<br>JACKSONVILLE, FL 32277 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>STANLEY, SHIRLEY<br>6427 SIMCA DR<br>JACKSONVILLE, FL 32277 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE PRES.<br>Sherman E. STANLEY<br>10265 Secret HARBOR CT<br>JAX, FLA 32256 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>TROTTA, DAVID<br>1730 SHADOWOOD LN, SUITE 302<br>JACKSONVILLE, FL 32207 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>Cheri M. Stanley<br>4108 old Mill Cove TRE<br>JAX, FLA 32277 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER<br>Kimberly Simonic Stanley<br>10265 Secret Harbor CT<br>JAX, FL ~~32277~~ 32256 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BOARD member<br>Nick Simonic, CPA<br>9950 Chelsea Lakes Dr<br>JAX, FL 32256 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BOARD Member<br>Becky Buchanan<br>10786 NW 9th MANOR<br>CORAL SPRINGS, FL 33071 ☐ Change ☒ 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:** 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 #