

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000002966

FILED
May 27, 2005
Secretary of State

Entity Name: THE GOODRUM/DARBY SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

603 AVE O NE
WINTER HAVEN, FL 33805

New Principal Place of Business:

305 AVENUE X N. E.
WINTER HAVEN, FL 33880 US

Current Mailing Address:

603 AVE O NE
WINTER HAVEN, FL 33805

New Mailing Address:

P. O. BOX 4462
WINTER HAVEN, FL 33805 US

FEI Number: 02-0582860 **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:

LEWIS, CEDRIC E ESQ.
443 EAST CENTRAL AVENUE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

HORTON, NORRIS H II
175 PRAIRIE DUNE WAY
ORLANDO, FL 32828 US

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: NORRIS H. HORTON II

05/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DARBY, DAVID
Address: 8041 ARCHER CIR
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD () Delete
Name: HILLIARD, CHARLIE
Address: P O BOX 1324
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: CALHOUN, LEANDER
Address: 1757 2 STREET NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: S () Delete
Name: THOMPSON, GERRI
Address: 603 AVE O NE
City-St-Zip: WINTER HAVEN, FL 33805

Title: D () Delete
Name: COVINGTON, JOHN
Address: 10991 VALLEY FORGE CIR
City-St-Zip: CARAVEL, IN 43036

Title: PD () Delete
Name: BROWN, TIMOTHY
Address: 305 AVE X NE
City-St-Zip: WINTER HAVEN, FL 33880

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
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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 for the exemption stated in Section 119.07(3)(i), 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: TIMOTHY BROWN

PRES

05/27/2005

Electronic Signature of Signing Officer or Director

Date