2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000007549

FILED Mar 06, 2006 Secretary of State

Entity Name: SOUTH WEST FLORIDA PODS ANGELS FAMILY SUPPORT GROUP, INC.

Current Principal Place of Business: New Principal Place of Business: 1955 MARAVILLA AVE 3422 SE 11TH PLACE FORT MYERS, FL 33901 CAPE CORAL, FL 33904 **Current Mailing Address: New Mailing Address:** P.O. BOX 60933 3422 SE 11TH PLACE FT. MYERS, FL 339066933 CAPE CORAL, FL 33904 FEI Number: 75-3075628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRINGLE, MARY B 3422 S.E. 11TH PLACE CAPE CORAL, FL 339044209 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: MARY BETH PRINGLE Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PRINGLE, MARY B Name: Name: 3422 S.E. 11TH PLACE Address: Address: City-St-Zip: CAPE CORAL, FL 339044209 City-St-Zip: Title: Title: (X) Change () Addition () Delete HOLLWAY, JOHN D Name: HARRIS, NANCY Name: Address: 2701 EGRET COURT Address: 1270 SW 28TH TERR. City-St-Zip: ST JAMES CITY, FL 33956 City-St-Zip: FT LAUDERDALE, FL 33312 Title: () Delete Title: (X) Change () Addition ADAMS, ROSE NUNLEY, MICHELLE Name: Name: 512 SE 6TH STREET #3 Address: 2621 N.W. 3RD PLACE Address: City-St-Zip: CAPE CORAL, FL 33993 City-St-Zip: CAPE CORAL, FL 33990 Title: () Delete Title: (X) Change () Addition Name: MAILLOUX, CAROLE Name: MAILLOUX, CAROLE Address: P.O.BOX 7531 Address: P.O.BOX 7531 City-St-Zip: FT MYERS, FL 33909 City-St-Zip: FT MYERS, FL 33906 Title: (X) Delete Title: () Change () Addition MULLINGS, CATHY Name: Name: 8176 ALBATROSS RD Address: Address: City-St-Zip: FT MYERS, FL 33912 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY BETH PRINGLE DIRE 03/06/2006