

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000000687

**FILED**  
**Oct 22, 2013**  
**Secretary of State**

**Entity Name:** FOUNDATION FOR GRIEVING CHILDREN, INC.

**Current Principal Place of Business:**

2223 WEKIVA VILLAGE LANE  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 162143  
ALTAMONTE SPRINGS, FL 32716

**New Mailing Address:**

**FEI Number:** 81-0598482

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCAMBRIDGE, MARY M  
657 SMOKERISE BOULEVARD  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

MCCAMBRIDGE, MARY M  
270 MIRA WAY  
ALTAMONTE SPRINGS, FL 32701 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 M. MCCAMBRIDGE

10/22/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MS.  
Name: MCCAMBRIDGE, MARY M D/P  
Address: 270 MIRA WAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MR.  
Name: WEAD, R. DOUGLAS D  
Address: 15070 SAWGRASS PLACE  
City-St-Zip: HAYMARKET, VA 20169 US

Title: MR.  
Name: SIMAS, STEPHEN P V/C  
Address: 120 WAMPUM LANE  
City-St-Zip: WEST ISLIP, NY 11795 US

Title: MRS.  
Name: REINDEL, CAROL W C  
Address: 569 KNOLL DRIVE  
City-St-Zip: RIVER VALE, NJ 07675 US

Title: MS.  
Name: CONWAY, JANE A S  
Address: 15 EAST 10TH STREET  
City-St-Zip: NEW YORK, NY 10003 US

Title: MR.  
Name: WILSON, MICHAEL M T  
Address: 1 CEDAR STREET  
City-St-Zip: BUTLER, NJ 07405

I hereby 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 all other like empowered.

SIGNATURE: MARY M. MCCAMBRIDGE

D/P

10/22/2013

Electronic Signature of Signing Officer or Director

Date