2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000002951

Entity Name: SWIER FOUNDATION, INC.

FILED Feb 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

515 AVENDIA DEL NORTE 537 LATITUDE LANE SARASOTA, FL 34242 OSPREY, FL 34229

Current Mailing Address: New Mailing Address:

515 AVENDIA DEL NORTE 537 LATITUDE LANE SARASOTA, FL 34242 OSPREY, FL 34229

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

SWIER, RICHARD
515 AVENDIA DEL NORTE
537 LATITUDE LANE
SARASOTA, FL 34242 US
538 CSPREY, FL 34229 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: RICHARD SWIER 02/07/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: SWIER, ASSUNTA D (X) Change () Addition Name: SWIER, ASSUNTA

Address: 515 AVENDIA DEL NORTE Address: 537 LATITUDE LANE
City-St-Zip: SARASOTA, FL 34242 City-St-Zip: OSPREY, FL 34229

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SWIER, RICHARD
 Name:
 SWIER, RICHARD

 Address:
 515 AVENDIA DEL NORTE
 Address:
 537 LATITUDE LANE

 City-St-Zip:
 SARASOTA, FL 34242
 City-St-Zip:
 OSPREY, FL 34229

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 INGRATI, FRANK
 Name:
 INGRATI, FRANK

 Address:
 515 AVENDIA DEL NORTE
 Address:
 537 LATITUDE LANE

 City-St-Zip:
 SARASOTA, FL 34242
 City-St-Zip:
 OSPREY, FL 34229

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: RICHARD M SWIER D 02/07/2005