2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008910

City-St-Zip:

TREA

(X) Delete

1507 CLOWER CREEK DRIVE

HARWELL, MARILYN G

SARASOTA, FL 34231

Title:

Name:

Address:

City-St-Zip:

Entity Name: FORUM 2004: TRUTH FOR A CHANGE, INC.

FILED Oct 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7350 SOUTH TAMIAMI TRAIL #39 SARASOTA, FL 34231 **New Mailing Address: Current Mailing Address:** 7350 SOUTH TAMIAMI TRAIL SARASOTA, FL 34231 FEI Number: 20-0309839 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: KENNEDY, LOUISE HARWELL, MARILYN 1828 PANDORA DRIVE 1507 CLOWER CREEK DRIVE SARASOTA, FL 34231 US H-263 SARASOTA, FL 34231 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: MARILYN HARWELL 10/29/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DIR (X) Change () Addition () Delete KENNEDY, LOUISE BANDY-HEDDEN, IRENE Name: Name: 1828 PANDORA DRIVE Address: 7322 FAIRLINKS COURT Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: SARASOTA, FL 34243 Title: DIR () Delete Title: () Change () Addition BAUSCH, JAMES Name: Name: Address: 4865 FEATHERBED LANE Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: Title: DIR () Delete Title: TREA (X) Change () Addition BANDY-HEDDEN, IRENE Name: HARWELL, MARILYN Name: 1507 CLOWER CREEK DRIVE Address: 7322 FAIRLINKS COURT Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34231 Title: SEC () Delete Title: () Change () Addition Name: NUNN, JEANNE Name: 1111 GULFSTREAM AVE., #6-C Address: Address: SARASOTA, FL 34236

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES BAUSCH DIR 10/29/2004

() Change () Addition