

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002432

FILED
Nov 17, 2008
Secretary of State

Entity Name: KAD FOUNDATION, INC.

Current Principal Place of Business:

13506 SUMMERPORT VILLAGE PKWY
#128
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

13506 SUMMERPORT VILLAGE PKWY
#128
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 65-1219696 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:

Name and Address of New Registered Agent:

WHEELER, TINA
13506 SUMMERPORT VILLAGE PKWY
#128
WINDERMERE, FL 34786 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: TINA WHEELER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WHEELER, TINA
Address: 13506 SUMMERPORT VILLAGE PKWY #128
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: JACKSON, ADRIENNE
Address: 2709 EMERSON LANE
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: HODGES, WILLIE
Address: 2925 HAWTREE DRIVE
City-St-Zip: RALEIGH, NC 27613

Title: D () Delete
Name: FENNEL, ANGELA
Address: 1500B EMMAUS CHURCH RD
City-St-Zip: DUDLEY, NC 28333

Title: D () Delete
Name: JACKSON, VERONICA
Address: 7209 CANAAN LANE #122
City-St-Zip: RALEIGH, NC 27615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JACKSON, ADRIENNE
Address: 982 DAVENWOOD CT
City-St-Zip: OCOEE, FL 34761

Title: () Change () Addition
Name:
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 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: TINA WHEELER

PRES

11/17/2008

Electronic Signature of Signing Officer or Director

Date