

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000003571

FILED
Sep 21, 2006
Secretary of State

Entity Name: FOUNDATION OF COURAGE, INC.

Current Principal Place of Business:

5430 PINEBARK LN
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

Current Mailing Address:

PO BOX 2173
TAMPA, FL 336012173

New Mailing Address:

FEI Number: 54-2149834 **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:

DUMKE, NICOLE
5430 PINEBARK LN
WESLEY CHAPEL, FL 33543 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: NICOLE DUMKE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEASE, MICHAEL
Address: 39713 BIRDS EYE DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: V () Delete
Name: BENNETT, JOHN
Address: P.O.BOX 254
City-St-Zip: VALRICO, FL 33543

Title: V () Delete
Name: DUMKE, NICOLE
Address: 5430 PINEBARK LN
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: ST () Delete
Name: RYAN, CHERYL
Address: 28375 OPENFIELD LOOP
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: CHERYL RYAN

ST

09/21/2006

Electronic Signature of Signing Officer or Director

Date