

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 21, 2007
Secretary of State

DOCUMENT# N04000003625

Entity Name: SHARKBAIT FOUNDATION INC.

Current Principal Place of Business:

3575 COASTAL HIGHWAY
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2034
ST. AUGUSTINE, FL 32085 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

WHITE, MARGARET E
3575 COASTAL HWY.
ST AUGUSTINE, FL 32085 US

Name and Address of New Registered Agent:

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: MARGARET E. WHITE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITE, MARGARET
Address: 3575 COASTAL HWY.
City-St-Zip: ST. AUG., FL 32084 US

Title: S,T () Delete
Name: COLEMAN, ELIZABETH
Address: 2801 PARENTAL HOME RD
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: DIR () Delete
Name: DALY, JERRY
Address: 543 SEASHELL LANE
City-St-Zip: PONTE VEDRA, FL 32092

Title: DIR () Delete
Name: ORTOLANO, LEO
Address: 3575 COASTAL HWY
City-St-Zip: ST. AUG., FL 32084 US

Title: VP () Delete
Name: SABO, SUE
Address: 315 FOURTH ST.
City-St-Zip: ST. AUG, FL 32084 US

Title: DIR () Delete
Name: COLEMAN, JOHN
Address: 3575 COASTAL HWY
City-St-Zip: ST. AUG, FL 32084 US

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: DIR (X) Change () Addition
Name: ORTOLANO, LEO
Address: PO BOX 2034
City-St-Zip: ST. AUG., FL 32085 US

Title: V PR (X) Change () Addition
Name: WHITE, WILLIAM
Address: 2801 PARENTAL HOME RD.
City-St-Zip: JACKSONVILLE, FL 32216 US

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: MARGARET E. WHITE

Electronic Signature of Signing Officer or Director

PRES

11/21/2007

Date