

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000005378

FILED  
Sep 21, 2005  
Secretary of State

**Entity Name:** FUND RAISERS FOUNDATION OF FLORIDA, INC.

**Current Principal Place of Business:**

215 WEST 1ST STREET  
FOSTPROOF, FL 33843

**New Principal Place of Business:**

685 FAZZINI DR.  
FROSTPROOF, FL 33843

**Current Mailing Address:**

215 WEST 1ST STREET  
FOSTPROOF, FL 33843

**New Mailing Address:**

685 FAZZINI DR.  
FROSTPROOF, FL 33843

**FEI Number:** 20-1212944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FEBLES, ARMANDO  
215 WEST 1ST STREET  
FOSTPROOF, FL 33843 US

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

FEBLES, ARMANDO  
685 FAZZINI DR.  
FROSTPROOF, FL 33843 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: ARMANDO FEBLES

09/21/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CHR ( ) Change (X) Addition  
Name: FEBLES, RAYMOND J  
Address: 685 FAZZINI DR.  
City-St-Zip: FROSTPROOF, FL 33843

Title: PRES ( ) Change (X) Addition  
Name: FEBLES, RAYMOND J  
Address: 685 FAZZINI DR.  
City-St-Zip: FROSTPROOF, FL 33843

Title: VP ( ) Change (X) Addition  
Name: FEBLES, ARMANDO  
Address: 685 FAZZINI DR.  
City-St-Zip: FROSTPROOF, FL 33843

Title: SEC ( ) Change (X) Addition  
Name: BAEZ, CARMEN  
Address: 685 FAZZINI DR.  
City-St-Zip: FROSTPROOF, FL 33843

Title: TR ( ) Change (X) Addition  
Name: BAEZ, STEPHANIE  
Address: 685 FAZZINI DR.  
City-St-Zip: FROSTPROOF, FL 33843

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: RAYMOND J. FEBLES

PRES

09/21/2005

Electronic Signature of Signing Officer or Director

Date