

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000010516

1. Entity Name
NORTH CENTRAL PANHANDLE EDUCATION
FOUNDATION, INC.



FILED

2005 OCT -7 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
17731 PEAR STREET N.E.
BLOUNTSTOWN, FL 32424

Mailing Address
17731 PEAR STREET N.E.
BLOUNTSTOWN, FL 32424

2. Principal Place of Business
1424 Jackson Avenue
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 149
Suite, Apt. #, etc.



10042005 REIN-NP CR2E099 (6/04)

City & State
Chipley FL
Zip
32428
Country
USA

City & State
Chipley FL
Zip
32428
Country
USA

4. FEI Number 81-0659792 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWAFFORD, JAMES
17731 PEAR STREET N.E.
BLOUNTSTOWN, FL 32424

7. Name and Address of New Registered Agent

Name Donald Walters
Street Address (P.O. Box Number is Not Acceptable)
1424 Jackson Avenue
City Chipley FL Zip Code 32428

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-6-05

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FINCH, NANCY	
STREET ADDRESS	1278 BOOTH ROAD	
CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, OLIN	
STREET ADDRESS	1287 BIRDIE LANE	
CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEARCE, JIM DR.	
STREET ADDRESS	POST OFFICE DRAWER	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODOM, KRISTI M	
STREET ADDRESS	1314 JACKSON AVENUE	
CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OGLESBY, DAVID	
STREET ADDRESS	15168 N.W. OGLESBY ROAD	
CITY-ST-ZIP	ALTHA, FL 32421	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWAFFORD, JAMES	
STREET ADDRESS	POST OFFICE BOX 947	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Walters	
STREET ADDRESS	1424 Jackson Avenue	
CITY-ST-ZIP	Chipley FL 32428	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Calvin Stevenson	
STREET ADDRESS	652 3rd Street	
CITY-ST-ZIP	Chipley FL 32428	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne Saunders	
STREET ADDRESS	847 Candyllane	
CITY-ST-ZIP	Chipley FL 32428	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ray Gustason	
STREET ADDRESS	1309-D Railroad Avenue	
CITY-ST-ZIP	Chipley FL 32428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

10/11/05