

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004008

FILED  
Sep 20, 2007  
Secretary of State

**Entity Name:** JAMES F. HOLLAND FOUNDATION, INC.

**Current Principal Place of Business:**

923 CANOPY WALK LANE  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

923 CANOPY WALK LANE  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 56-2553580      **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:**

HADEED, ALBERT J ESQ.  
104 SOUTH FOURTH STREET  
FLAGLER BEACH, FL 321360190 US

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

HOOD, JR., CHARLES D  
444 SEABREEZE BLVD.  
SUITE 900  
DAYTONA BEACH, FL 32118 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: CHARLES D. HOOD, JR., ESQUIRE

09/20/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOLLAND, MILISSA M  
Address: 923 CANOPY WALK LANE  
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete  
Name: DELBRUGGE, BILL  
Address: 3039 EAST STATE ROAD 100  
City-St-Zip: BUNNELL, FL 32110

Title: D ( ) Delete  
Name: CANFIELD, JIM  
Address: 5 SOUTH CLAYMONT COURT  
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete  
Name: ANDERSON, LESLIE  
Address: 1601 NORTH CENTRAL AVENUE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D ( ) Delete  
Name: HOLLAND, IRENE  
Address: 16 WINDERMERE PLACE  
City-St-Zip: PALM COAST, FL 32164

Title: D ( ) Delete  
Name: MEEKER, FRANK  
Address: 41 COCHISE COURT  
City-St-Zip: PALM COAST, FL 32137

**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:

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: MILISSA M. HOLLAND

P

09/20/2007

Electronic Signature of Signing Officer or Director

Date