# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Nov 06, 2008**
**Secretary of State**

DOCUMENT# N05000004008

**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 ( )**

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

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

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

HOLLAND, MILISSA M
923 CANAPY WALK LANE
PALM COAST, FL 32137 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: MILISSA M. HOLLAND 11/06/2008
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 (X) 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 D 11/06/2008
Electronic Signature of Signing Officer or Director Date