

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000006218

FILED  
Oct 13, 2009  
Secretary of State

**Entity Name:** THE BORDES-KOHN FOUNDATION, INC.

**Current Principal Place of Business:**

4427 EMERSON ST  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

4427 EMERSON ST  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 37-1511873      **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:**

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

NWANEGBO, ETHELBEST  
1225 W. BEAVER ST  
STE 125  
JACKSONVILLE, FL 32204 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: ETHELBEST NWANEGBO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BORDES-KOHN SR., JOSEPH L  
Address: 5260 COLLINS RD #301  
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: SD ( ) Delete  
Name: BORDES-KOHN, OCTAVIA  
Address: 5260 COLLINS RD #301  
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: VPD ( ) Delete  
Name: KOHN, DOROTHY  
Address: 715 PLAZA DR  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: TD (X) Delete  
Name: BELL, ANDY  
Address: 1301 RIVER PLACE BLVD STE 400  
City-St-Zip: JACKSONVILLE, FL 32203

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: BORDES-KOHN, OCTAVIA  
Address: 5260 COLLINS RD #301  
City-St-Zip: JACKSONVILLE, FL 32244 US

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: JOSEPH BORDES-KOHN

PD

10/13/2009

Electronic Signature of Signing Officer or Director

Date