

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000006694

FILED
Oct 02, 2006
Secretary of State

Entity Name: GOOD-FAITH FOUNDATION, INC

Current Principal Place of Business:

5083 NORTH LITTLE BETH DRIVE
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 740176
BOYNTON BEACH, FL 33474 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TODD, STEVEN J
5083 NORTH LITTLE BETH DRIVE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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: STEVEN TODD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TODD, STEVEN J
Address: 5083 NORTH LITTLE BETH DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437 FL

Title: VP () Delete
Name: TAYLOR, APRIL M
Address: 4777 PALM WAY
City-St-Zip: LAKE WORTH, FL 33463 FL

Title: SEC () Delete
Name: NOONAN, SEAN V
Address: 8722 JADE COURT
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: TRES () Delete
Name: TODD, JAMES L
Address: 5083 NORTH LITTLE BETH DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN TODD

P

10/02/2006

Electronic Signature of Signing Officer or Director

Date