

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000009468

1. Entity Name
THE JIM TOM AND CONNIE BELLE BUTLER
CHARITABLE FOUNDATION, INC.



Principal Place of Business
702 A GRAND MARINER
DESTIN, FL 32541

Mailing Address
702 A GRAND MARINER
DESTIN, FL 32541

FILED

07 JAN 19 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 06-07 nap

4. FEI Number

20-3463853

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, JIM T
702 A GRAND MARINER
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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 P ☐ Delete
NAME BUTLER, JIM T
STREET ADDRESS 702 A GRAND MARINER
CITY-ST-ZIP DESTIN, FL 32541

TITLE VP ☐ Delete
NAME BUTLER, CONNIE B
STREET ADDRESS 702 A GRAND MARINER
CITY-ST-ZIP DESTIN, FL 32541

TITLE SEC ☐ Delete
NAME BUTLER, JIM T
STREET ADDRESS 702 A GRAND MARINER
CITY-ST-ZIP DESTIN, FL 32541

TITLE TRE ☐ Delete
NAME BUTLER, CONNIE B
STREET ADDRESS 702 A GRAND MARINER
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and 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: *Connie Butler*

1-10-07