

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000010408

FILED
Oct 04, 2006
Secretary of State

Entity Name: THE CARSON DELANEY LONG FOUNDATION INC

Current Principal Place of Business:

400 PARK AVE SOUTH
WINTER PARK, FL 32789

New Principal Place of Business:

400 PARK AVE SOUTH
STE 150
WINTER PARK, FL 32789

Current Mailing Address:

400 PARK AVE SOUTH
WINTER PARK, FL 32789

New Mailing Address:

400 PARK AVE SOUTH
STE 150
WINTER PARK, FL 32789

FEI Number: 20-4020691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OMETRIAS D. LONG & ASSOCIATES, P.A.
% OMETRIAS DEON LONG
400 PARK AVE SOUTH - STE 150
WINTER PARK, FL 32789 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: OMETRIAS DEON LONG

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D () Change (X) Addition
Name: LONG, MONIQUE W
Address: 1216 WYNDHAM PINE DRIVE
City-St-Zip: APOPKA, FL 32712

Title: VP,D () Change (X) Addition
Name: LONG, OMETRIAS D
Address: 400 PARK AVENUE SOUTH STE 150
City-St-Zip: WINTER PARK, FL 32789

Title: S,D () Change (X) Addition
Name: WOODS, DARLENE
Address: 1216 WYNDHAM PINE DRIVE
City-St-Zip: APOPKA, FL 32712

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: OMETRIAS DEON LONG

VP,D

10/04/2006

Electronic Signature of Signing Officer or Director

Date