

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011140

FILED
Oct 12, 2006
Secretary of State

Entity Name: GLORIA DEI FOUNDATION, INC.

Current Principal Place of Business:

1720 N.W. 42ND STREET
GAINESVILLE, FL 32607

New Principal Place of Business:

WACHOVIA TRUST
225 WATER STREET, 5TH FLOOR
JACKSONVILLE, FL 32202

Current Mailing Address:

1720 N.W. 42ND STREET
GAINESVILLE, FL 32607

New Mailing Address:

WACHOVIA TRUST
225 WATER STREET, 5TH FLOOR
JACKSONVILLE, FL 32202

FEI Number: 20-1884134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADE, MARTHA
1720 N.W. 42ND STREET
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

CADE, MARTHA
11506 N.W. 129TH TERRACE
ALACHUA, FL 32615 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: MARTHA CADE

10/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CADE, J ROBERT M.D.
Address: 529 N.W. 58TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: CADE, MARY S
Address: 529 N.W. 58TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: MILES, PHOEBE CADE
Address: U.S. EMBASSY BUENOS AIRES
City-St-Zip: APO AA, 326074305

Title: D () Delete
Name: MORRISON, EMILY CADE
Address: 18 WELLINGTON STREET
City-St-Zip: ARLINGTON, MA 02476

Title: D () Delete
Name: CADE, MARTHA
Address: 1720 N.W. 42ND STREET
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MILES, PHOEBE CADE
Address: 3909 HARRISON ST. N.W.
City-St-Zip: WASHINGTON, DC 20015

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

Title: D (X) Change () Addition
Name: CADE, MARTHA
Address: 11506 N.W. 129TH TERR.
City-St-Zip: ALACHUA, FL 32615

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: PHOEBE CADE MILES

VP

10/12/2006

Electronic Signature of Signing Officer or Director

Date