

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011140

FILED  
Dec 17, 2007  
Secretary of State

Entity Name: GLORIA DEI FOUNDATION, INC.

## Current Principal Place of Business:

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

## Current Mailing Address:

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

## New Principal Place of Business:

C/O FOUNDATION SOURCE  
501 SILVERSIDE ROAD, SUITE 123  
WILMINGTON, DE 19809

## New Mailing Address:

C/O FOUNDATION SOURCE  
501 SILVERSIDE ROAD, SUITE 123  
WILMINGTON, DE 19809

FEI Number: 20-1884134      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:

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

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: 3909 HARRISON ST. N.W.  
City-St-Zip: WASHINGTON, DC 20015

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D-VP      (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:      ( ) 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: MARTHA CADE

D

12/17/2007

Electronic Signature of Signing Officer or Director

Date