2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 15, 2006
Secretary of State

DOCUMENT# N05000012988

Entity Name: THE DOCTOR KELLEY CANCER FOUNDATION, INC.

Current Principal Place of Business:

501 N. FRANKLIN ST.
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

501 N. FRANKLIN ST.
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-4037520 **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:

HOROWITZ, MITCHELL I
501 N. FRANKLIN ST.
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

HOROWITZ, MITCHELL I
501 EAST KENNEDY BOULEVARD
SUITE 1700
TAMPA, FL 33602 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: MITCHELL I. HOROWITZ 12/15/2006
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: D ( ) Change (X) Addition
Name: KELLEY, JILL G
Address: 1005 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33606 US

Title: D ( ) Change (X) Addition
Name: KHAWAM, NATALIE
Address: 38 BETTS DRIVE
City-St-Zip: WASHINGTON CROSSING, PA 18977 US

Title: D ( ) Change (X) Addition
Name: RICHARDSON, STEPHANIE
Address: 1005 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33606 US

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: JILL GILBERTE KELLEY D 12/15/2006
Electronic Signature of Signing Officer or Director Date