

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000001586

FILED
Nov 08, 2007
Secretary of State

Entity Name: THE VALERIE GREENE STROKE FOUNDATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 2063
WINTER PARK, FL 32789

New Principal Place of Business:

545 FAIRFAX AVENUE
WINTER PARK, FL 32789

Current Mailing Address:

POST OFFICE BOX 2063
WINTER PARK, FL 32789

New Mailing Address:

127 W. FAIRBANKS AVENUE
#522
WINTER PARK, FL 32789

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

GREENE, VALERIE
545 FAIRFAX AVENUE
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: VALERIE GREENE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREENE, VALERIE
Address: 545 FAIRFAX AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Delete
Name: BREDEL, MARLIES
Address: 429 HOLLINGHEAD LOOP
City-St-Zip: DAVENPORT, FL 33836

Title: D (X) Delete
Name: RENSHAW, CAMILLE
Address: 1610 NORTH WESTMORELAND DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: D (X) Delete
Name: BODIN, RHONNA
Address: 908 HULL STREET S
City-St-Zip: GULFPORT, FL 33707

Title: D (X) Delete
Name: MONTERASTELLI, CHRISTINA
Address: 412 N. COAST HIGHWAY #356
City-St-Zip: LAGUNA BEACH, CA 92651

Title: D (X) Delete
Name: SCHROEDER, MARKAY
Address: 770 HILLCREST #8
City-St-Zip: LAGUNA BEACH, CA 92651

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: GREENE, VALERIE
Address: 545 FAIRFAX AVENUE
City-St-Zip: WINTER PARK, FL 32789

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

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Name:
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Title: () Change () Addition
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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: VALERIE GREENE

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11/08/2007

Electronic Signature of Signing Officer or Director

Date