

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Jul 13, 2009
Secretary of State**

DOCUMENT# N06000007218

Entity Name: FLORIDA CHARTER FOUNDATION, INC.

Current Principal Place of Business:

1630 MEADOWOOD ST
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

1630 MEADOWOOD ST
SARASOTA, FL 34231

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

THOMAS, DAVID
1630 MEADOWOOD ST
SARASOTA, FL 34231 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: DAVID L. THOMAS, MD JD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, DAVID L MD,JD
Address: 1630 MEADOWOOD ST
City-St-Zip: SARASOTA, FL 34231

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

Title: D () Delete
Name: THOMAS, CHRISTINA L
Address: 1630 MEADOWOOD ST
City-St-Zip: SARASOTA, FL 34231

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

Title: D () Delete
Name: MEISER, MARJORIE L
Address: 540 HOBART RD
City-St-Zip: VENICE, FL 34293

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

Title: D () Delete
Name: GREENBERG, JACQUELINE A
Address: 2780 NE 183 ST #2106
City-St-Zip: AVENTURA, FL 33160

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: DAVID L. THOMAS, MD JD

P

07/13/2009

Electronic Signature of Signing Officer or Director

Date