

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000011405

FILED
May 07, 2009
Secretary of State

Entity Name: CHILDREN'S HEALTH EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

416 ARUBA WAY
NICEVILLE, FL 32571

New Principal Place of Business:

261 BELLEAIR DR
SAINT PETERSBURG, FL 33704

Current Mailing Address:

416 ARUBA WAY
NICEVILLE, FL 32571

New Mailing Address:

261 BELLEAIR DR
SAINT PETERSBURG, FL 33704

FEI Number: 20-8079873 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

O'CONNOR, PATRICK,
1250 S BELCHER RD SUITE 160
LARGO, FL 33771 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: PATRICK O'CONNOR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: BLANCHARD, DALE
Address: 416 ARUBA WAY
City-St-Zip: NICEVILLE, FL 32571

Title: DIR () Delete
Name: FRISKIE, ANNIE
Address: 4930 60TH AVE. S
City-St-Zip: ST. PETERSBURG, FL 33715

Title: DIR () Delete
Name: SMITH, CLARK
Address: 18167 US HWY 19
City-St-Zip: CLEARWATER, FL 33764

Title: DIR (X) Delete
Name: SCOTT, MATIRNE
Address: 200 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR (X) Change () Addition
Name: SMITH, CLARK
Address: 18167 US HWY 19
City-St-Zip: CLEARWATER, FL 33764

Title: DIR (X) Change () Addition
Name: SCOTT, MATIRNE
Address: 200 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

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: SCOTT MATIRNE

DIR

05/07/2009

Electronic Signature of Signing Officer or Director

Date