

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000011909

FILED
Jun 26, 2008
Secretary of State

Entity Name: AUTRY L DENSON CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

1842 SW CAPEHART AVENUE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

5379 LYONS RD.
#175
COCONUT CREEK, FL 33073

Current Mailing Address:

1842 SW CAPEHART AVENUE
PORT ST. LUCIE, FL 34953

New Mailing Address:

5379 LYONS RD.
#175
COCONUT CREEK, FL 33073

FEI Number: 20-8268398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DENSON, AUTRY
1842 SW CAPEHART AVENUE
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

DENSON, ELAINE N
5379 LYONS RD.
#175
COCONUT CREEK, FL 33073 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: ELAINE N. DENSON

06/26/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DENSON, AUTRY
Address: 1842 SW CAPEHART AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D () Delete
Name: DENSON, ELAINE
Address: 1842 SW CAPEHART AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D (X) Delete
Name: FRANKLIN, JANICE
Address: 1842 SW CAPEHART AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DENSON, ELAINE N
Address: 5379 LYONS RD. (#175)
City-St-Zip: COCONUT CREK, FL 33073

Title: O (X) Change () Addition
Name: DENSON, JR., AUTRY L
Address: 5379 LYONS RD. (#175)
City-St-Zip: COCONUT CREEK, FL 33073

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: AUTRY L DENSON, JR.

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06/26/2008

Electronic Signature of Signing Officer or Director

Date