

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000012701

FILED  
Oct 31, 2007  
Secretary of State

**Entity Name:** ACADEMY FOR ETHICS IN FINANCIAL REPORTING, INC.

**Current Principal Place of Business:**

7040 HUNTERS KNOLL NE  
ATLANTA, GA 30328

**New Principal Place of Business:**

**Current Mailing Address:**

7040 HUNTERS KNOLL NE  
ATLANTA, GA 30328

**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:**

MILLER, GIBBES U  
440 MORRIS RD  
MONTICELLO, FL 32344 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: GIBBES U MILLER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BLACK, HOMER A  
Address: 407 NORTH RIDE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: MILLER, GIBBES U  
Address: 440 MORRIS RD  
City-St-Zip: MONTICELLO, FL 32344

Title: D ( ) Delete  
Name: BLACK, WILLIAM H  
Address: 7040 HUNTERS KNOLL NE  
City-St-Zip: ATLANTA, GA 30328

Title: D ( ) Delete  
Name: HILLISON, WILLIAM A  
Address: 3539 KIMMER ROWE DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: CALHOUN, CHARLES H  
Address: 2080 OAK HAMMOCK DR  
City-St-Zip: PONTE VEDRA, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BLACK, HOMER A  
Address: 4192 DIPLOMACY CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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

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: WILLIAM H BLACK

D

10/31/2007

Electronic Signature of Signing Officer or Director

Date