2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 03, 2008
Secretary of State

DOCUMENT# N07000003645

Entity Name: CANON JOHN H. REECE SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

623 PETRONIA STREET
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4163
KEY WEST, FL 33041 US

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:

SWEETING-SOMERSALL, MARCIA
623 PETRONIA STREET
KEY WEST, FL 33040 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: MARCIA S. SOMERSALL
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SWEETING-SOMERSALL, MARCIA
Address: 623 PETRONIA STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: T ( ) Delete
Name: KNOWLES, ANNETTE
Address: 623 PETRONIA STREET
City-St-Zip: KEY WEST, FL 33040

Title: SEC ( ) Delete
Name: SUTTON, CRYSTAL
Address: 623 PETRONIA STREET
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: ELLIOTT, URSULA
Address: 222 EANES LANE
City-St-Zip: KEY WEST, FL 33040

Title: SEC (X) Change ( ) Addition
Name: SUTTON, CRYSTAL
Address: P. O. BOX 20321
City-St-Zip: WEST PALM BEACH, FL 33416 US

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: MARCIA S. SOMERSALL P 10/03/2008
Electronic Signature of Signing Officer or Director — Date