

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000003958

**FILED**  
**Oct 27, 2008**  
**Secretary of State**

**Entity Name:** THE BEVERLY INSTITUTE, INC.

**Current Principal Place of Business:**

1236 SOUTH MCDUFF AVE. SUITE #201  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

1236 SOUTH MCDUFF AVE. SUITE #201  
JACKSONVILLE, FL 32205

**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:**

DEWBERRY, MARK K SR.  
5023 REDSTONE DR.  
JACKSONVILLE, FL 32210 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: MARK DEWBERRY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: CEO ( ) Delete  
Name: DEWBERRY, LATANYA C  
Address: 5023 REDSTONE DR.  
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: CEVD ( ) Delete  
Name: DEWBERRY, MARK K  
Address: 5023 REDSTONE DR.  
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: CAOD (X) Delete  
Name: LOGAN, DAISY L  
Address: 5503 TAMPIC RD.  
City-St-Zip: JACKSONVILLE, FL 32244

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

Title: OD (X) Delete  
Name: WALTON, DENISE  
Address: 8328 SPENCERS TRACE DR  
City-St-Zip: JACKSONVILLE, FL 32244

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

Title: OD (X) Delete  
Name: PEEK, SHARWONDA  
Address: 10252 TEDS CT  
City-St-Zip: JACKSONVILLE, FL 32220

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

Title: OD (X) Delete  
Name: HANNON, TRANINE  
Address: PO BOX 2276  
City-St-Zip: ORANGE PARK, FL 32067

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: LATANYA DEWBERRY

CEOD

10/27/2008

Electronic Signature of Signing Officer or Director

Date