

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000004949

FILED
Dec 02, 2008
Secretary of State

Entity Name: WEST NASSAU HIGH SCHOOL EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

1 WARRIOR DRIVE
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

1 WARRIOR DRIVE
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

ROBERTS, TAMMY
1 WARRIOR DRIVE
CALLAHAN, FL 32011 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: TAMMY ROBERTS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/D () Change (X) Addition
Name: BARNES, WILLIAM
Address: 96116 DURDEN RD.
City-St-Zip: YULEE, FL 32097

Title: P/D () Change (X) Addition
Name: COMBS, TED
Address: 214 NORTH OAK RD.
City-St-Zip: CALLAHAN, FL 32011

Title: T/D () Change (X) Addition
Name: GREEN, JOHNNIE
Address: 4170 BROAD CREEK LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: S/D () Change (X) Addition
Name: REYNOLDS, ELIZABETH
Address: 54289 VONTZ CIRCLE
City-St-Zip: CALLAHAN, FL 32011

Title: VP/D () Change (X) Addition
Name: ROBERTS, TAMMY
Address: HENRY SMITH RD.
City-St-Zip: HILLIARD, FL 32046

Title: D () Change (X) Addition
Name: WAY, ROSE
Address: P.O. BOX 209
City-St-Zip: CALLAHAN, FL 32011

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: TAMMY ROBERTS

Electronic Signature of Signing Officer or Director

VP/D

12/02/2008

Date