

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000005546

FILED
Nov 04, 2008
Secretary of State

Entity Name: BAY ISLANDS MISSIONS FOUNDATION, INC.

Current Principal Place of Business:

3781 WILLARD NORRIS ROAD
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

3781 WILLARD NORRIS ROAD
PACE, FL 32571

New Mailing Address:

FEI Number: 26-0299278 FEI Number Applied For () 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:

Name and Address of New Registered Agent:

SOUTHERLAND, PETE
324 DOLPHIN ST
GULF BREEZE, FL 32561 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: PETE SOUTHERLAND

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOUTHERLAND, PETE
Address: 324 DOLPHIN STREET
City-St-Zip: GULF BREEZE, FL 32561

Title: S () Delete
Name: ANDERSON, CINDY
Address: 3781 WILLARD NORRIS ROAD
City-St-Zip: PACE, FL 32571

Title: T () Delete
Name: ANDERSON, ROBIN
Address: 1117 NORTH 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32501

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VP () Change (X) Addition
Name: FOLKERS, SPARKIE
Address: 2 FAIRPOINT PL
City-St-Zip: GULF BREEZE, FL 32561

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: CINDY ANDERSON

S

11/04/2008

Electronic Signature of Signing Officer or Director

Date