

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000008648

FILED
Oct 22, 2009
Secretary of State

Entity Name: THE LANGESHAU FAMILY FOUNDATION, INC.

Current Principal Place of Business:

563 EAGLE CRK DR
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

563 EAGLE CRK DR
NAPLES, FL 34113

New Mailing Address:

FEI Number: 26-1798568 **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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: JEANINE REYNOLDS, AUTHORIZED AGENT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHAW, JAMES &FRANCIA
Address: 563 EAGLE CREEK DRIVE
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: SHAW, PATRICIA
Address: 1401 MINOR STREET / PO BOX 989
City-St-Zip: IDAHO SPRINGS, CO 80452

Title: D () Delete
Name: HAWKESWORTH, PAMELA
Address: 9529 WINTERVIEW DRIVE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: O'HARA, NANCY
Address: 169 NOTTINGHAM DRIVE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: RYAN, FRANCIA
Address: 2051 IMPERIAL CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: GRILO, DEBRA
Address: 508 95TH STREET NORTH
City-St-Zip: NAPLES, FL 34108

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: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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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: PAMELA HAWKESWORTH

D

10/22/2009

Electronic Signature of Signing Officer or Director

Date