

**2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000009718

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** PHYLLIS MCNEAL SIMMONS EDUCATIONAL SCHOLARSHIP FOUNDATION INC.

**Current Principal Place of Business:**

4313 KANDRA COURT  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

4313 KANDRA COURT  
ORLANDO, FL 32812

**New Mailing Address:**

**FEI Number:** 35-2309660      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MOORE, MELONEZE M MRS  
4313 KANDRA COURT  
ORLANDO, FL 32812    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: MELONEZE M. MOORE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOORE, MELONEZE M MRS  
Address: 4313 KANDRA COURT  
City-St-Zip: ORLANDO, FL 32812

Title: VP  
Name: RUSS SIMMONS, CATINA MRS  
Address: 65 MAKAYLA LANE  
City-St-Zip: QUINCY, FL 32352

Title: TREA  
Name: MCNEAL, SHARON D  
Address: 4535 RUSSELL POND LANE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: SECR  
Name: MCNEAL-BRANCH, JULIA  
Address: 495 SPOONER ROAD  
City-St-Zip: QUINCY, FL 32351

I hereby 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 all other like empowered.

SIGNATURE: MELONEZE M. MOORE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

03/15/2012

\_\_\_\_\_  
Date