

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000011474

FILED
Dec 24, 2009
Secretary of State

Entity Name: THE MENARD'S HOPE FOUNDATION, INC

Current Principal Place of Business:

719 AVE CHAUMONT
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

719 AVE CHAUMONT
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () 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:

MENARD, SAMUEL A
719 AVE CHAUMONT
DELRAY BEACH, FL 33445 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: SAMUEL MENARD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MENARD, AMBROISE N
Address: DELMAS 31 #1-A
City-St-Zip: PORT-AU-PRINCE, HAITI, WI 00000

Title: VP () Delete
Name: MENARD, SAMUEL A
Address: 719 AVE CHAUMONT
City-St-Zip: DELRAY BEACH, FL 33445

Title: S () Delete
Name: MENARD, NORMA
Address: 3406 PLACE VALENCAY
City-St-Zip: DELRAY BEACH, FL 33445

Title: T () Delete
Name: MENARD, MEDJINN
Address: 26 FRIAR LANE
City-St-Zip: FREEHOLD, NJ 07728

Title: PRC () Delete
Name: MENARD, PHILOMENE
Address: 3406 PLACE VALENCAY
City-St-Zip: DELRAY BEACH, FL 33445

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
Name:
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: SAMUEL MENARD

VP

12/24/2009

Electronic Signature of Signing Officer or Director

Date