

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000002351

**FILED**  
**Oct 13, 2009**  
**Secretary of State**

**Entity Name:** JACOB CASEY FOUNDATION, INC.

**Current Principal Place of Business:**

4245 SW 20TH AVE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

4245 SW 20TH AVE  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 26-2158422      **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:**

CASEY, BRIAN J  
4245 SW 20TH AVE  
OCALA, FL 34471      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:** BRIAN J. CASEY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO      ( ) Delete  
**Name:** CASEY, BRIAN J  
**Address:** 4245 SW 20TH AVE  
**City-St-Zip:** OCALA, FL 34471

**Title:** D      ( ) Delete  
**Name:** ANDERSON, TAMMY L  
**Address:** 5425 NE 1ST LANE  
**City-St-Zip:** OCALA, FL 34470

**Title:** D      ( ) Delete  
**Name:** CASEY, PATRICIA A  
**Address:** 4664 INISHEER DR.  
**City-St-Zip:** TALLAHASSEE, FL 32309

**Title:** D      ( ) Delete  
**Name:** ANDERSON, LEE  
**Address:** 5425 NE 1ST LANE      #108-137  
**City-St-Zip:** OCALA, FL 34470

**Title:** D      ( ) Delete  
**Name:** DEVOREON, SHERI N  
**Address:** 42465 SW 20TH AVENUE  
**City-St-Zip:** OCALA, FL 34470

**Title:** D      ( ) Delete  
**Name:** CASEY, CHAD  
**Address:** 4204 MEDINA WAY  
**City-St-Zip:** SEBRING, FL 33870

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** D      (X) Change ( ) Addition  
**Name:** ANDERSON, TAMMY L  
**Address:** 5425 NE 1ST LANE  
**City-St-Zip:** OCALA, FL 34470

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** D      (X) Change ( ) Addition  
**Name:** ANDERSON, LEE  
**Address:** 5425 NE 1ST LANE  
**City-St-Zip:** OCALA, FL 34470

**Title:** D      (X) Change ( ) Addition  
**Name:** CASEY, CHAD  
**Address:** 2105 SE 32ND ST  
**City-St-Zip:** OCALA, FL 34471

**Title:** D      (X) Change ( ) Addition  
**Name:** HOPKINS, MICHAEL  
**Address:** 1714 SW 27TH ST.  
**City-St-Zip:** OCALA, FL 34471

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:** PATRICIA A. CASEY

D

10/13/2009

Electronic Signature of Signing Officer or Director

Date