2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000010136

FILED Dec 01, 2009 Secretary of State

Entity Name: SPRING RUN CHARITABLE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 9501 SPRING RUN BOULEVARD BONITA SPRINGS, FL 34135 **Current Mailing Address: New Mailing Address:** 9501 SPRING RUN BOULEVARD BONITA SPRINGS, FL 34135 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: ZIGLER, MICHAEL G 9501 SPRING RUN BOULEVARD BONITA SPRINGS, FL 34135 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: MICHAEL G. ZIGLER Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BARRETT, MIKE Name: Name: 9189 SPRING RUN BOULEVARD, #1908 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: Title: () Delete () Change () Addition CASTO, DAVID Name: Name: Address: 23785 CLEAR SPRING COURT, #2302 Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: () Change () Addition CHADWICK, JACK Name: Name: 9136 SPRING RUN BOULEVARD Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KEEFER, BILL Name: 23704 STONERIVER PLACE Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: () Change () Addition RYDSTROM, BARBARA Name: Name: 23925 CREEK BRANCH LANE Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: () Change () Addition WARREN, PAT Name: Name: Address: 9161 SPRING RUN BOULEVARD, #1708 Address: BONITA SPRINGS, FL 34135 City-St-Zip: 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: MIKE BARRETT D 12/01/2009