

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000005697

**FILED**  
**Nov 29, 2011**  
**Secretary of State**

**Entity Name:** GEORGE E. WEEMS MEMORIAL HEALTHCARE FOUNDATION, INC.

**Current Principal Place of Business:**

135 AVENUE G  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

135 AVENUE G  
APALACHICOLA, FL 32320

**New Mailing Address:**

**FEI Number:** 27-0535537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLVERT, CHARLES  
135 AVENUE G  
APALACHICOLA, FL 32320 US

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

GUIDRY, HEATHER  
135 AVENUE G  
APALACHICOLA, FL 32320 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: HEATHER GUIDRY

11/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHESNUT, RACHEL  
Address: P O BOX 501  
City-St-Zip: APALACHICOLA, FL 32329

Title: D  
Name: DODDS, GAYLE  
Address: 865 HWY 98  
City-St-Zip: EASTPOINT, FL 32328

Title: D  
Name: BUTLER, CLIFF  
Address: 145 N. BAYSHORE DR.  
City-St-Zip: EASTPOINT, FL 32328

Title: D  
Name: GUIDRY, HEATHER  
Address: P O BOX 874  
City-St-Zip: EASTPOINT, FL 32328

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: HEATHER GUIDRY

SECR

11/29/2011

Electronic Signature of Signing Officer or Director

Date