2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N12612 FILED 1. Entity Name 06 MAY -4 PM 12: 28 THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC. SEGRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2266 SECOND STREET P.O. BOX 1608 FT. MYERS, FL 33902 FT. MYERS, FL 33901 2. Principal Place of Business 3. Mailing Address 04262006 REINNA CRZE099 11/0505-06 Suite, Apt. #, etc. Suite, Apt. #, etc. FEI Number 59-2637849 City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GROSSMAN, DARLENE A Street Address (P.O. Box Number is Not Acceptable) 2266 SECOND STREET FORT MYERS, FL 33901 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent <u>1000745</u>08191 SIGNATURE •пли<mark>фи</mark>иф 12/06--01007-мт 016 **297.50 Signature, typed or printed name of registered agent and title if applicable Make check payable to FILE NOW!!! FEE IS \$297.50 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. CD CD TITLE ☐ Delete TITLE X Change Addition PERSONETTE, STEVE NAME NAME Eva Freeman C/O SPRINT, P.O. BOX 370, MC 1650 STREET ADDRESS 13691 Pondview Circle STREET ADDRESS FORT MYERS, FL 33902 CITY-ST-7IP CITY~ST-71P Naples, FL 34119 Change XXAddition ☐ Delete TITLE TITLE Charles Reynolds PONTIUS, STEVEN NAME NAME c/o Wachovia, 12751 S Fort Myers, FL 33907 STREET ADDRESS P O BOX 7578 NA STREET ADDRESS Cleveland CITY-ST-ZIP FORT MYERS, FL 33911 CITY-ST-ZIP K Change TITLE ☐ Delete TITLE ☐ Addition Steve Pontius PARRISH, HARLAN NAME NAME P.O. Box 7578 Fort Myers, FL COLONIAL BANK, P.O. BOX 2648 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34133 CITY-ST-ZIP 33911 ☐ Defete TITLE K Change ■ Addition TITLE Harlan Parrish GROSSMAN, DARLENE ANN NAME NAME c/o Colonial Bank, P.O.B Bonita Springs, FL 34133 2266 SECOND STREET STREET ADDRESS P.O.Box 2648 STREET ADDRESS FORT MYERS, FL 33901 CITY-ST-7IP CITY-ST-7IP VD n Delete TITLE Change ☐ Addition TITLE FREEMAN, EVA NAME NAME STREET ADDRESS 13691 PONDVIEW CIR STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-ZIP PCD PCD K Change TITLE Delete TITLE ☐ Addition TRIPPE, GARY V NAME NAME Steve Personette STREET ADDRESS PO BOX 60139 STREET ADDRESS Sprint, P.O. Box 370, MC 1650 CITY-ST-ZIP FT MYERS, FL 33906 Fort Myers, FL 33902 CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

orlene Ann Grossman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: