

# 2016 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N15000010823

1. Entity Name  
KENDRICK EVANS MAKE A WISH FOUNDATION INC



16 OCT 13 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
621 DAVID CLEMONS ROAD  
QUINCY, FL 32352

Mailing Address  
621 DAVID CLEMONS ROAD  
QUINCY, FL 32352



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10132016 REIN-NP

CR2E099 (12/11)

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEMONS, LINDA G  
621 DAVID CLEMONS ROAD  
QUINCY, FL 32352

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2017, Fee will be \$297.50**

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIR  
CLEMONS, LINDA G  
621 DAVID CLEMONS ROAD  
QUINCY, FL 32352 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Chief Executive Officer  
621 David Clemons Rd  
Quincy FL 32352 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIR  
EVANS, KENDRICK D  
621 DAVID CLEMONS ROAD  
QUINCY, FL 32352 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500291210715  
10/13/16--01017--001 \*\*236.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIR  
BROWN, SHARONDA  
621 DAVID CLEMONS ROAD  
QUINCY, FL 32352 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Dir  
Lois McBride  
465 Mt. Zion Church Rd  
Havana FL 32333 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Dir  
Maura Davis  
P.O. Box 551  
Quincy FL 32353 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition

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.

SIGNATURE:

10/13/16 lindagailclemons@gmail.com