

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N22078

FILED
Oct 06, 2006
Secretary of State

Entity Name: FLORIDA ALPHA EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

215 SOUTH MONROE STREET
SUITE 200
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

215 SOUTH MONROE STREET
SUITE 200
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-2844186 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

DELEGAL, MARK K.
215 SOUTH MONROE STREET
SUITE 200
TALLAHASSEE, FL 32301 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: MARK K. DELEGAL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DELEGAL, MARK K.
Address: 215 S. MONROE STREET, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: KELLY, MATTHEW S
Address: 2520 NW 38TH DR
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: LANG, JAMES F
Address: 2525 NW 22ND AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DELEGAL, MARK K
Address: 215 S. MONROE STREET, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32301

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

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

Title: D () Change (X) Addition
Name: HENDON, DAVID M
Address: 3912 NW 65TH AVE.
City-St-Zip: GAINESVILLE, FL 32653 US

Title: D () Change (X) Addition
Name: THRASHER, TREY
Address: 908 NORTH GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32303 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK K. DELEGAL

PD

10/06/2006

Electronic Signature of Signing Officer or Director

Date