


(1918) #1100418

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N35882 1. Entity Name P.K. YONGE ALUMNI ASSOCIATION, INC.						06 OCT 23 10:16	
Principal Place of Business P.K. YONGE D.R.S. 1080 SW 11 STREET GAINESVILLE, FL 32601				Mailing Address P.K. YONGE D.R.S. 1080 SW 11 STREET GAINESVILLE, FL 32601			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent VANDIVER, FRAN M 1080 SW 11 STREET GAINESVILLE, FL 32601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <i>Frances Vandiver</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				Frances Vandiver, Registered Agent		10/17/06 <small>DATE</small>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, 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	D CUNNINGHAM, GREG 4225 SW 21 STREET GAINESVILLE, FL 32608			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, SUE 4150 N.W. 37TH DRIVE GAINESVILLE, FL			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODSDON, V.G. 3312 S.W. 35TH BLVD. GAINESVILLE, FL			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNYPACKER, STEPHEN 6024 N.W. 54TH TERRACE GAINESVILLE, FL			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARABINO, SHIRLEY A 1110 NW 40 AVE. GAINESVILLE, FL 32609			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Shirley Ann Scaramano</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10-6-06		392-1554	
<small>DATE</small>				<small>DAYTIME PHONE #</small>			

10/18/06