

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N46340

FILED  
Oct 20, 2009  
Secretary of State

Entity Name: LONDON ALUMNI ASSOCIATION, INC.

## Current Principal Place of Business:

9951 ATLANTIC BLVD.  
SUITE 209  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

## Current Mailing Address:

9951 ATLANTIC BLVD.  
SUITE 209  
JACKSONVILLE, FL 32225

## New Mailing Address:

FEI Number: 59-3015112      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:

REED, TILLIS JR.  
9951 ATLANTIC BLVD.  
SUITE 209  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

TILLIS, REED JR.  
9951 ATLANTIC BLVD.  
SUITE 209  
JACKSONVILLE, FL 32225 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: REED TILLIS JR,

10/20/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: REED, TILLIS JR.  
Address: 9951 ATLANTIC BLVD, #209  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: GRAHAM, CAROLYN K.  
Address: 968 GLYNLEA RD.  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: MC CLURE, BETTY  
Address: 2770 RAINBOW RD  
City-St-Zip: JACKSONVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: TILLIS, REED JR.  
Address: 9951 ATLANTIC BLVD, #209  
City-St-Zip: JACKSONVILLE, FL

Title: D (X) Change ( ) Addition  
Name: GRAHAM, CAROLYN K.  
Address: 970 GLYNLEA RD.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change ( ) Addition  
Name: MC CLURE, BETTY  
Address: 2770 RAINBOW RD  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify 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: CAROLYN GRAHAM

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10/20/2009

Electronic Signature of Signing Officer or Director

Date