

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N93000000993

**FILED**  
**Dec 09, 2013**  
**Secretary of State**

**Entity Name:** THE JUDY BUTTS FOUNDATION, INC.

**Current Principal Place of Business:**

1098 HARBOR LANE  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

1098 HARBOR LANE  
GULF BREEZE, FL 32563 US

**Current Mailing Address:**

P.O. BOX 30590  
PENSACOLA, FL 32503 US

**New Mailing Address:**

**FEI Number:** 59-3180524

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUTTS, HANDSEL B  
1098 HARBOR LANE  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

BUTTS, HANDSEL B  
1098 HARBOR LANE  
GULF BREEZE, FL 32563 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:** HANDSEL B. BUTTS

12/09/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** BUTTS, HANDSEL B  
**Address:** 1098 HARBOR LANE  
**City-St-Zip:** GULFBREEZE, FL 32563

**Title:** DS  
**Name:** WHITEHEAD, KATHARINE B  
**Address:** 2620 BELLE CHRISTIANE CIRCLE  
**City-St-Zip:** PENSACOLA, FL 32503

**Title:** DT  
**Name:** CHAVIS, EVELYN R  
**Address:** 2075 BAYOU BLVD.  
**City-St-Zip:** PENSACOLA, FL 32503

I hereby 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 all other like empowered.

**SIGNATURE:** HANDSEL B. BUTTS

DP

12/09/2013

Electronic Signature of Signing Officer or Director

Date