

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000000455

FILED  
May 06, 2013  
Secretary of State

**Entity Name:** HENDRY PUBLIC SCHOOLS FOUNDATION, INC.

**Current Principal Place of Business:**

P.O. BOX 1980  
LABELLE, FL 33935

**New Principal Place of Business:**

25 EAST HICKPOCHEE AVENUE  
LABELLE, FL 33935

**Current Mailing Address:**

P.O. BOX 1980  
LABELLE, FL 33975

**New Mailing Address:**

**FEI Number:** 65-0487714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONNER, THOMAS W  
25 E. HICKPOCHEE AVE.  
LABELLE, FL 33935 US

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

PULETTI, PAUL K  
25 E. HICKPOCHEE AVE.  
LABELLE, FL 33935 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: PAUL K PULETTI

05/06/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CPD  
Name: PULETTI, PAUL K  
Address: P.O. BOX 1980 N/A  
City-St-Zip: LABELLE, FL

Title: STD  
Name: YANOSIK, MICHAEL  
Address: PO BOX 1980  
City-St-Zip: LABELLE, FL

Title: VD  
Name: CLINARD, RAY  
Address: P.O. BOX 1980 N/A  
City-St-Zip: LABELLE, FL

Title: M  
Name: SWAGGERTY, GORDON  
Address: PO BOX 1980  
City-St-Zip: LABELLE, FL

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: PAUL K. PULETTI

CPD

05/06/2013

Electronic Signature of Signing Officer or Director

Date