

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000003387

FILED  
Nov 16, 2009  
Secretary of State

Entity Name: THE SILVER CORD, INC.

## Current Principal Place of Business:

10941 WHITWORTH CT.  
JACKSONVILLE, FL 32225 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 350337  
JACKSONVILLE, FL 32235 US

## New Mailing Address:

FEI Number: 59-3249651      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARY, PATRICIA M  
10941 WHIT WORTH COURT  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

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: PATRICIA M. CLARY

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CLARY, PATRICIA M  
Address: P.O. BOX 351452  
City-St-Zip: JACKSONVILLE, FL 32235

Title: TD ( ) Delete  
Name: BROWN, JULIE A  
Address: 1 INDEPENDENCE DR  
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD ( ) Delete  
Name: MORRIS, JANENE M  
Address: 1644 W. EDGEWOOD AVENUE  
City-St-Zip: INDIANAPOLIS, IN

Title: VP ( ) Delete  
Name: GRIDER, CYNTHIA  
Address: PO BOX 1846  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: BROWN, JULIE A  
Address: 1 INDEPENDENCE DR  
City-St-Zip: JACKSONVILLE, FL 32202

Title: TD (X) Change ( ) Addition  
Name: MORRIS, JANENE M  
Address: 1644 W. EDGEWOOD AVENUE  
City-St-Zip: INDIANAPOLIS, IN

Title: SD (X) Change ( ) Addition  
Name: GRIDER, CYNTHIA  
Address: 2057 VELA NORTE CIRCLE  
City-St-Zip: ATLANTIC BEACH, FL 32233

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: PATRICIA M. CLARY

PD

11/16/2009

Electronic Signature of Signing Officer or Director

Date