

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000004910

FILED
Oct 21, 2004
Secretary of State**Entity Name:** FOSTER GRANDPARENT PROGRAM OF JACKSONVILLE ADVISORY COUNCIL, INC.**Current Principal Place of Business:**150 E FIRST STREET
JACKSONVILLE, FL 32206**New Principal Place of Business:****Current Mailing Address:**150 E FIRST STREET
JACKSONVILLE, FL 32206**New Mailing Address:****FEI Number:** 59-3296277 **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:**GRISSETT-MACON, SHAREL
150 E FIRST STREET
JACKSONVILLE, FL 32206 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VCP () Delete
Name: PARKER, DIANNE
Address: 924 CRESSWELL LANE W.
City-St-Zip: JACKSONVILLE, FL 32221

Title: PD () Delete
Name: BOSTIC, CLARENCE VON
Address: P.O. BOX 28299
City-St-Zip: JACKSONVILLE, FL 322268299

Title: T () Delete
Name: STEPHENS, ERNEST
Address: 3941 ASHMORE COURT
City-St-Zip: JACKSONVILLE, FL 322111602

Title: D () Delete
Name: RUTH, JAMES A
Address: DUVAL COUNTY COURTHOUSE
City-St-Zip: JACKSONVILLE, FL 32202

Title: VCP () Delete
Name: OUTLAW, MARY
Address: 232 LANELLE LANE
City-St-Zip: JACKSONVILLE, FL 322116996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ERNEST STEPHENS

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10/21/2004

Electronic Signature of Signing Officer or Director

Date