

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N95000006054**

1. Entity Name  
**THE ED AND PAULINE LACEY CHARITABLE  
 FOUNDATION, INC.**



**FILED**  
**07 APR 20 PM 1:09**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
**2327 SOUTHERN PINES  
 ORANGE CITY, FL 32774**

Mailing Address  
**2327 SOUTHERN PINES  
 ORANGE CITY, FL 32774**

*[Handwritten signature]*

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



**REINSTATEMENT 06-07** *WOP*

6. Name and Address of Current Registered Agent  
**HUMPHRIES, J. GREGORY  
 300 S ORANGE AVE  
 STE 1000  
 ORLANDO, FL 32801**

4. FEI Number  
**59-3352392**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
 Fee Required**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$122.50**      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.      **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LACEY, EDWARD T</b> <b>2327 SOUTHERN PINES PL</b> <b>DELAND, FL 32724</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LACEY, PAULINE M</b> <b>2327 SOUTHERN PINES PL</b> <b>DELAND, FL 32724</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WRIGHT, WILLIAM</b> <b>5703 SOUTH ATLANTIC AVENUE</b> <b>NEW SMYRNA BEACH, FL 32169</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>TABAR, PAULA L</b> <b>909 LINCOLN</b> <b>DELAND, FL 32724</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or member or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Edward T. Lacey**      Date: **4/16/07**      Daytime Phone #: **386-738 1010**