

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000006054

FILED
Jan 14, 2009
Secretary of State

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

Current Principal Place of Business:

2327 SOUTHERN PINES
ORANGE CITY, FL 32774

New Principal Place of Business:

2327 SOUTHERN PINES PL
DELAND, FL 32724

Current Mailing Address:

2327 SOUTHERN PINES
ORANGE CITY, FL 32774

New Mailing Address:

2327 SOUTHERN PINES PL
DELAND, FL 32724

FEI Number: 59-3352392 **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:

HUMPHRIES, J. GREGORY
300 S ORANGE AVE
STE 1000
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

CORPORATION COMPANY OF ORLANDO
300 S ORANGE AVE
SUITE 1000 (JGH)
ORLANDO, FL 32801 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: J. GREGORY HUMPHRIES, VICE PRESIDENT

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LACEY, EDWARD T
Address: 2327 SOUTHERN PINES PL
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: LACEY, PAULINE M
Address: 2327 SOUTHERN PINES PL
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: WRIGHT, WILLIAM
Address: 5703 SOUTH ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: ST () Delete
Name: TABAR, PAULA L
Address: 909 LINCOLN
City-St-Zip: DELAND, FL 32724

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 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: EDWARD T. LACEY

D

01/14/2009

Electronic Signature of Signing Officer or Director

Date