

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 23 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N96000002784 1. Entity Name ANTIOCH YOUTH AND DEVELOPMENT FOUNDATION, INC.					
Principal Place of Business 163 CATUNA STREET FORT MYERS, FL 33916			Mailing Address PO BOX 50626 FORT MYERS, FL 33994		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0132438	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SCOTT, CASSANDRA BASTLEBAR CIRCLE FORT MYERS, FL 33905				7. Name and Address of New Registered Agent Name Cassandra Scott - Thomas Street Address (P.O. Box Number is Not Acceptable) 10 Castlebar Circle City Fort Myers FL Zip Code 33905	
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 <i>Cassandra Scott Thomas</i> Signature, typed or printed name of registered agent and title if applicable.				Cassandra Scott-Thomas Sept. 30, 2006 (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, RUSSELL REV 2 KINGMAN CIRCLE FORT MYERS, FL 33916	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bobby Faust, Sr. 518 Hibiscus Av Lehigh Acres, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAUST, BOBBY SR 5 KINGMAN CIRCLE FORT MYERS, FL 33916	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lester J. Parker Jr. 4515 21st Street SW Lehigh Acres, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATHEWS, SHAURIE 2255 PAULO STREET FORT MYERS, FL 33916	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900081108939 10/23/06--01019--023 **178.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCOTT, CASSANDRA 10 CASTLEBAR CIRCLE FORT MYERS, FL 33905	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900081108939 10/23/06--01019--024 **66.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 the receiver 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: <i>Shaurie H. Mathews</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Shaurie H. Mathews Sept. 30, 2006 Date Daytime Phone #	

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