

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000004782

FILED
Nov 13, 2008
Secretary of State

Entity Name: FRIENDS OF THE PRAIRIE INC.

Current Principal Place of Business:

3453 NIGHTHAWK LANE
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

3453 NIGHTHAWK LANE
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 59-3401203 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:

DAVIS, CHRIS B
3453 NIGHTHAWK LANE
PENSACOLA, FL 32506 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: CHRIS DAVIS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: KEESLER, JUNE
Address: 516 W. BLOUNT ST.
City-St-Zip: PENSACOLA, FL 32501

Title: DP () Delete
Name: DAVIS, CHRIS
Address: 3453 NIGHTHAWK LANE
City-St-Zip: PENSACOLA, FL 32506

Title: DV () Delete
Name: VEAL, JAMES
Address: 627 BAYSHORE DR.
City-St-Zip: PENSACOLA, FL 32506

Title: DS () Delete
Name: HANKINS, WILLIAM B
Address: 1901 W. GARDEN ST.
City-St-Zip: PENSACOLA, FL 32501

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: CHRIS DAVIS

Electronic Signature of Signing Officer or Director

PRES

11/13/2008

Date