


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 DEC -5 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006025			
1. Entity Name THE CHARLES AND MARABETH CAUSEY FOUNDATION, INC.			
Principal Place of Business 82778 OVERSEAS HIGHWAY ISLAMORADA, FL 33036		Mailing Address P O BOX 1169 ISLAMORADA, FL 33036 US	
2. Principal Place of Business 200 ST AVOCADO ST		3. Mailing Address Suite, Apt. #, etc.	
City & State ISLAMORADA, FL		City & State	
Zip 33036		Country	
4. FEI Number 65-0711722		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAUSEY, MARABETH L 82778 OVERSEAS HWY ISLAMORADA, FL 33036		7. Name and Address of New Registered Agent Name: MARABETH L. CAUSEY Street Address (P.O. Box Number is Not Acceptable) 200 South AVOCADO ST City: ISLAMORADA FL Zip Code: 33036	
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: <u>Marabeth L. Causey</u> DATE: <u>Nov. 29, 2005</u> (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$61.25 - paid After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, Pres. CAUSEY, CHARLES W III 82778 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT / DIRECTOR CHARLES W. CAUSEY III 200 SOUTH AVOCADO ST ISLAMORADA, FLORIDA 33036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, V. Pres CAUSEY, MARABETH L 82778 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE - PRESIDENT / DIRECTOR MARABETH L. CAUSEY 200 SOUTH AVOCADO ST. ISLAMORADA, FLORIDA 33036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAUSEY, FRANCES W 80 KENYON RANCH RD. TUBAC, AZ 85646 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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 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 information empowered.			
SIGNATURE: <u>Charles W. Causey III, Pres. (CHARLES W. CAUSEY III)</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		305 664 779 11/28/05 Daytime Phone #	