

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000000257

1. Entity Name  
CLELAND FAMILY FOUNDATION, INC.



FILED

04 NOV -3 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

Principal Place of Business  
1100 SOUTH ORLANDO AVENUE  
APARTMENT 703  
MAITLAND, FL 32751

Mailing Address  
1100 SOUTH ORLANDO AVENUE  
APARTMENT 703  
MAITLAND, FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number  
58-2288064

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLELAND, ARDELL H  
1100 SOUTH ORLANDO AVENUE  
APARTMENT 703  
MAITLAND, FL 32751

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: *Arde H. Cleland*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/27/04

DATE

FILE NOW!!! FEE IS \$61.25

After January 1, 2005, Fee will be \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD  
NAME CLELAND, ARDELL H  
STREET ADDRESS 1100 SOUTH ORLANDO AVE., APARTMENT 703  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  
NAME CLELAND, ROBERT H  
STREET ADDRESS 175 WINDWOOD POINT  
CITY-ST-ZIP SAINT CLAIR SHORES, MI 48080

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD  
NAME CLELAND, PAULA M  
STREET ADDRESS 175 WINDWOOD POINT  
CITY-ST-ZIP SAINT CLAIR SHORES, MI 48080

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME CLELAND, CARRIE E  
STREET ADDRESS 175 WINDWOOD POINT  
CITY-ST-ZIP SAINT CLAIR SHORES, MI 48080

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 like empowered officers or directors.

SIGNATURE: *Robert H. Cleland* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/04 313-234-5525

DATE

DAYTIME PHONE #

B3