

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000006538

FILED  
Nov 09, 2006  
Secretary of State

Entity Name: TRADEWINDS FOUNDATION, INC.

## Current Principal Place of Business:

8365 SENECA TURNPIKE  
NEW HARTFORD, NY 13413

## New Principal Place of Business:

## Current Mailing Address:

8365 SENECA TURNPIKE  
NEW HARTFORD, NY 13413

## New Mailing Address:

FEI Number: 65-0797138      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:

## Name and Address of New Registered Agent:

FRASER, JEFF  
1360 S OCEAN BLVD  
STUDIO 1501  
POMPANO BEACH, FL 33062 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: JEFF FRASER

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ABELOVE, DAVID  
Address: 8365 SENECA TURNPIKE  
City-St-Zip: NEW HARTFORD, NY 13413

Title: VD ( ) Delete  
Name: CLARK, KATHERINE  
Address: 8365 SENECA TURNPIKE  
City-St-Zip: NEW HARTFORD, NY 13413

Title: STD ( ) Delete  
Name: EVANS, ROBERT  
Address: 8365 SENECA TURNPIKE  
City-St-Zip: NEW HARTFORD, NY 13413

Title: D ( ) Delete  
Name: TEHAN, LOUIS  
Address: 1020 MARY STREET  
City-St-Zip: UTICA, NY 13501

Title: VP ( ) Delete  
Name: FRASER, JEFF  
Address: 1360 S OCEAN BLVD STE 1501  
City-St-Zip: POMPANO BEACH, FL 33062

## 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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT A EVANS

SEC

11/09/2006

Electronic Signature of Signing Officer or Director

Date