

**2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Mar 28, 2005  
Secretary of State**

DOCUMENT# N97000006542

Entity Name: STRAWBRIDGE ART LEAGUE, INC.

**Current Principal Place of Business:**

625 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2616  
MELBOURNE, FL 329022616

**New Mailing Address:**

FEI Number: 59-3507199      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:**

FREEMAN, BARBARA  
3799 S BANANA RIVER BLVD  
#1009  
COCOA BEACH, FL 32931 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: MAX SPECTOR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCCOY, BILL  
Address: 320 SPOONBILL LANE  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VD ( ) Delete  
Name: DECATOR, RENEE  
Address: 685 SANDERLING DRIVE  
City-St-Zip: INDIALANTIC, FL 32903

Title: V ( ) Delete  
Name: RAYMOND, VIRGINIA  
Address: 1444 BAYSHORE DRIVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: T ( ) Delete  
Name: FREEMAN, BARBARA  
Address: 3799 S BANANA RIVER DR #1009  
City-St-Zip: COCOA BEACH, FL 32931

Title: S ( ) Delete  
Name: KESSLER, SUSAN  
Address: 460 HALL ROAD  
City-St-Zip: MALABAR, FL 32950

Title: M ( ) Delete  
Name: HANSON, GWEN  
Address: 114 FOURTEENTH AVE  
City-St-Zip: INDIALANTIC, FL 32903

**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:

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 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 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: MAX SPECTOR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T

03/28/2005

\_\_\_\_\_  
Date