

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000006542

FILED
Jul 08, 2011
Secretary of State

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:

625 E. NEW HAVEN AVE.
MELBOURNE, FL 32901

New Mailing Address:

535 CINNAMON DR
SATELLITE BEACH, FL 32937

FEI Number: 59-3507199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECTOR, MAX
625 E. NEW HAVEN AVE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

HERZIG, MARY
535 CINNAMON DR
SATELLITE BEACH, FL 32937 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: MARY HERZIG

07/08/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: STOCKER, HEIDI
Address: 1017 GREEN ROAD
City-St-Zip: ROCKLEDGE, FL 32955

Title: M
Name: STONE, JACKIE
Address: 185 ELM AVENUE
City-St-Zip: SATELLITE BEACH, FL 32935

Title: VP
Name: PASSARIELLO, MIKE
Address: 28 LARCH CIRCLE NE
City-St-Zip: PALM BAY, FL 32935

Title: S
Name: CHANCEY, BRENDA
Address: 979 SLOCUM ST.
City-St-Zip: PALM BAY, FL 32907

Title: T
Name: HERZIG, MARY
Address: 535 CINNAMON DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: NEWL
Name: DUNN, LEALA
Address: 965 THOMAS BARBARA RD.
City-St-Zip: MELBOURE, FL 32935

I hereby 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 all other like empowered.

SIGNATURE: MARY HERZIG

T

07/08/2011

Electronic Signature of Signing Officer or Director

Date