

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000001055

FILED
Mar 14, 2006
Secretary of State

Entity Name: THE ELY EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 11178
POMPANO BEACH, FL 33062

New Principal Place of Business:

595 NW 15TH STREET
POMPANO BEACH, FL 33060

Current Mailing Address:

PO BOX 11178
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 66-5082344 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

FORDE, FREDREKIA M
225 NW 15TH COURT
POMPANO BEACH, FL 33060 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: FREDREKIA MANUEL-FORDE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: FORDE, FREDREKIA M
Address: 225 NW 15TH CT.
City-St-Zip: POMPANO BCH, FL 33060

Title: T () Delete
Name: JENKINS-SPENCER, MARY
Address: 4105 WEST ATLANTIC BLVD #302
City-St-Zip: POMPANO BEACH, FL 33066

Title: V () Delete
Name: COLEMAN, ETHEL
Address: 1341 NW 51ST AVE
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: S () Delete
Name: DUNCAN, JOANN
Address: 2461 N.W. 11TH STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: S () Delete
Name: SHEPPARD, MOZELLE
Address: 2151 N.W. 10 COURT
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: JENKINS-SPENCER, MARY
Address: 2451 NW 55TH TERRACE
City-St-Zip: LAUDERDALE LAKES, FL 33313

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: FREDREKIA MANUEL-FORDE

CDP

03/14/2006

Electronic Signature of Signing Officer or Director

Date