

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 16 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10102006 REIN-NP CR2E099 (11/05)

4. FEI Number  
59-3512271

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BRISTOW, MARY  
435 SOUTHEAST 5TH AVENUE  
LAKE BUTLER, FL 32054

## 7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2007, Fee will be \$297.50**

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BRISTOW, MARY  
STREET ADDRESS 435 SOUTHEAST 5TH AVENUE  
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE D ☐ Delete  
NAME GREEN, WAYNE  
STREET ADDRESS ROUTE 3 BOX 18  
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE D ☐ Delete  
NAME REDMAN, ANNETTE  
STREET ADDRESS 840 SOUTHWEST 1ST STREET  
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE D ☐ Delete  
NAME BRISTOW, EUGENE  
STREET ADDRESS 435 SOUTHEAST 5TH AVENUE  
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE D ☐ Delete  
NAME FILER, CATHERINE  
STREET ADDRESS 580 SOUTHEAST 5TH AVENUE  
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600020274176  
10/16/06--01041--007 \*\*236.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/06 (986)  
496-38246

10/16/06