

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N98000005298

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Entity Name:** HEPBURN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

517 NW 7TH CT, STE 2  
HALLANDALE, FL 33008

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 120081  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 65-0942874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HEPBURN-SAFFORLD, FLORINA  
3851 NW 7TH PL, STE 2  
FORT LAUDERDALE, FL 33311 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:** FLORINA H. SAFFORLD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HEPBURN-SAFFORLD, FLORINA  
**Address:** 3851 NW 7TH PL  
**City-St-Zip:** FORT LAUDERDALE, FL 33311

**Title:** D  
**Name:** HEPBURN-MOBLEY, EUNICE  
**Address:** 738 NW 3RD CT  
**City-St-Zip:** HALLANDALE, FL 33009

**Title:** D  
**Name:** HEPBURN-MCPHERSON, KATHERINE  
**Address:** 413 SW 6TH AVE  
**City-St-Zip:** HALLANDALE, FL 33009

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:** FLORINA H. SAFFORLD

PD

04/09/2011

Electronic Signature of Signing Officer or Director

Date