

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

DOCUMENT# N99000001015

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** SAGE INSTITUTE FOR FAMILY DEVELOPMENT, INC.

**Current Principal Place of Business:**

1010 NW 8TH STREET  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

1010 NW 8TH STREET  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 65-0895350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAYLOR, CYNTHIA B  
107 CITRUS PARK LANE  
BOYNTON BEACH, FL 33326 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:** CYNTHIA TAYLOR

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SIEGEL, LAWRENCE A  
**Address:** 1010 NW 8TH STREET  
**City-St-Zip:** BOYNTON BEACH, FL 33426

**Title:** VPD  
**Name:** SIEGEL, RICHARD M  
**Address:** 9912 KAMENA CIRCLE  
**City-St-Zip:** BOYNTON BEACH, FL 33436

**Title:** SD  
**Name:** MORRIS, JILL  
**Address:** 18672 SHAUNA MANOR DRIVE  
**City-St-Zip:** BOCA RATON, FL 33496

**Title:** D  
**Name:** ROBBINS, RALPH  
**Address:** 18762 SHAUNA MANOR DRIVE  
**City-St-Zip:** BOCA RATON, FL 33496

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:** LAWRENCE SIEGEL

PD

04/07/2011

Electronic Signature of Signing Officer or Director

Date