

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000001873

Entity Name: NAZARETH FRIENDS, INC.

FILED
Oct 15, 2007
Secretary of State

Current Principal Place of Business:

1800 S. OCEAN BLVD
APT 5D
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1800 S. OCEAN BLVD
BOCA RATON, FL 33432

New Mailing Address:

1800 S. OCEAN BLVD
APT. 5D
BOCA RATON, FL 33432

FEI Number: 65-0940036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUIR, WILLIAM P
1800 S. OCEAN BLVD
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

MUIR, WILLIAM P
1800 S. OCEAN BLVD
APT. 5D
BOCA RATON, FL 33432 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: WILLIAM P. MUIR

10/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MUIR, WILLIAM P
Address: 1800 SOUTH OCEAN BLVD. #5D
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: QUINN, CARMEL
Address: 1800 S. OCEAN BLVD
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: MUIR, JANE B
Address: 1800 SOUTH OCEAN BLVD. #5D
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: QUINN, CARMEL
Address: 1800 S. OCEAN BLVD #5D
City-St-Zip: BOCA RATON, FL 33432

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM P. MUIR

PRES

10/15/2007

Electronic Signature of Signing Officer or Director

Date