

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000005242	
1. Entity Name JEVON KEARSE FOUNDATION, INCORPORATED	



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 20 AM 8:00

**REINSTATEMENT** 04



Principal Place of Business 3750 MADISON AVE FT MYERS, FL 33901		Mailing Address 3750 MADISON AVE FT MYERS, FL 33901	
2. Principal Place of Business		3. Mailing Address P.O. Box 51046	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fort Myers, FL	
Zip	Country	Zip	Country
		33994-1046	USA

11182004 REIN-NP

CR2E099 (6/04)

*MRS*

4. FEI Number 65-1028672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KEARSE, SHIRLEY 3750 MADISON AVE FT MYERS, FL 33901		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 Shirley Kearse, Shirley Kearse, V/T/D 12-17-04  
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, 2005, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	V/T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEARSE, SHIRLEY			NAME	Kearse, Shirley		
STREET ADDRESS	3750 MADISON AVE			STREET ADDRESS	3750 Madison Avenue		
CITY-ST-ZIP	FT MYERS, FL 33901			CITY-ST-ZIP	Fort Myers, FL 33916		
TITLE	D	<input type="checkbox"/> Delete		TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEARSE, JEVON			NAME	Kearse, Jevon		
STREET ADDRESS	3750 MADISON AVE			STREET ADDRESS	634 South Saratoga Dr.		
CITY-ST-ZIP	FT MYERS, FL 33901			CITY-ST-ZIP	Moorestown, NJ 08057-3831		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KEARSE, JOSEPH			NAME	Walker, Anita		
STREET ADDRESS	3750 MADISON AVE			STREET ADDRESS	1407 Gardenia Ave.		
CITY-ST-ZIP	FT MYERS, FL 33901			CITY-ST-ZIP	Fort Myers, FL 33916		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Rubin, Jeff		
STREET ADDRESS				STREET ADDRESS	800 Fairway Dr. Suite 370A		
CITY-ST-ZIP				CITY-ST-ZIP	Deerfield Beach, FL 33441		
TITLE		<input type="checkbox"/> Delete		TITLE	M	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Sparks, Bruce		
STREET ADDRESS				STREET ADDRESS	16900 Slater Road		
CITY-ST-ZIP				CITY-ST-ZIP	North Fort Myers, FL 33917		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Shirley Kearse, Shirley Kearse 12-17-04 239-340-4433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #