

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000005242

FILED
Dec 12, 2008
Secretary of State

Entity Name: JEVON KEARSE FOUNDATION, INCORPORATED

Current Principal Place of Business:

3750 MADISON AVE
FT MYERS, FL 339161218

New Principal Place of Business:

Current Mailing Address:

PO BOX 50635
FORT MYERS, FL 33994

New Mailing Address:

FEI Number: 65-1028672 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND STREET
4TH FLOOR
MIAMI, FL 33145 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: NATALIA UTRERA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VTD () Delete
Name: KEARSE, SHIRLEY
Address: 3750 MADISON AVE
City-St-Zip: FT MYERS, FL 339161218

Title: PD () Delete
Name: KEARSE, JEVON
Address: 3750 MADISON AVE
City-St-Zip: FT MYERS, FL 339161218

Title: S () Delete
Name: WALKER, ANITA
Address: 3750 MADISON AVE
City-St-Zip: FT MYERS, FL 339161218

Title: D () Delete
Name: RUBIN, JEFF
Address: 3750 MADISON AVE
City-St-Zip: FT MYERS, FL 339161218

Title: M () Delete
Name: SPARKS, BRUCE
Address: 3750 MADISON AVE
City-St-Zip: FT MYERS, FL 339161218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JEVON KEARSE

PD

12/12/2008

Electronic Signature of Signing Officer or Director

Date