

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000005968

**FILED**  
**Jan 15, 2008**  
**Secretary of State**

**Entity Name:** KAPPA FOUNDATION OF POMPANO BEACH, INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 792  
POMPANO BEACH, FL 33061

**New Principal Place of Business:**

105 LAKE EMERALD DR.  
201  
OAKLAND PARK, FL 33309

**Current Mailing Address:**

P.O. BOX 792  
POMPANO BEACH, FL 33061

**New Mailing Address:**

**FEI Number:** 65-1063045      **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:**

RHETT, MICHAEL  
105 LAKE EMERALD DR.  
201  
OAKLAND PARK, FL 33309 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: MICHAEL RHETT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOLCOMB, GLENN C  
Address: 9475 LISTON TERR  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T ( ) Delete  
Name: RICE, TYJUAN  
Address: 17141 N.W. 23RD ST.  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD ( ) Delete  
Name: BLAINE, EALIE  
Address: P.O. BOX 792  
City-St-Zip: POMPANO BEACH, FL 33061

Title: D ( ) Delete  
Name: BRIAN, OLIVER  
Address: P.O BOX 792  
City-St-Zip: POMPANO, FL 33061

**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:

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: TYJUAN RICE

OFFI

01/15/2008

Electronic Signature of Signing Officer or Director

Date