

FILED
Apr 16, 2000 8:00 am
Secretary of State

01-18-2000 90165 013 ****61.25

DOCUMENT # N99000006655

1. Entity Name

CODY FOUNDATION, INC.

Principal Place of Business

1128 TALL PINE TRAIL
GULF BREEZE FL 32561

Mailing Address

1128 TALL PINE TRAIL
GULF BREEZE FL 32561-4709

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3262654

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

COBIA, NINA
1128 TALL PINE TRAIL
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Nina Cobia	
STREET ADDRESS	1128 Tall Pine Trail	
CITY-ST-ZIP	Gulf Breeze, FL 32561	

TITLE	Vice President & Treasurer	<input type="checkbox"/> Delete
NAME	Patricia Hutto	
STREET ADDRESS	1129 Tall Pine Trail	
CITY-ST-ZIP	Gulf Breeze, FL 32561	

TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Dodi Stringfellow	
STREET ADDRESS	1068 Sanibel Lane	
CITY-ST-ZIP	Gulf Breeze, FL 32561	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

Nina Cobia

Date

Daytime Phone #

1/10/00 850-932-8779

CR2E037 (9/99)