

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N99000006806</b> 1. Entity Name <b>THE WAYGOOD FOUNDATION, INC.</b>						<b>FILED</b>  05 JUN 13 AM 11:14  SECRETARY OF STATE TALLAHASSEE, FLORIDA  	
Principal Place of Business 4215 CALOOSA DR. PALMETTO, FL 34221				Mailing Address 4215 CALOOSA DR. PALMETTO, FL 34221			
2. Principal Place of Business		3. Mailing Address		06132005 REIN-NP		CR2E099 (6/04) <b>04-05</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0967452		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WAYGOOD, CAROLYN R 4215 CALOOSA DRIVE PALMETTO, FL 34221				Name <u>SW Swank</u> Street Address (P.O. Box Number is Not Applicable) <u>4510 70th St West #60</u> <u>Bradenton</u> <b>FL</b> Zip Code <u>34210</u>			
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 <u>SW Swank</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAYGOOD, CAROLYN R 4215 CALOOSA DR. PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP. STEVEN W SWANK 4510 70TH STR WEST #60 BRADENTON FL 34210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HIERRAK, ROBERT J 4215 CALOOSA DR. PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAYGOOD, CHARLES M 11620 5TH ST. E. TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAYGOOD, JAMES J II 4311 CALOOSA DRIVE PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORHO, CONSTANCE W 774 PLEASANTVILLE RD BRIARCLIFF MANOR, NY 10510	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAYGOOD, CHUCK JR 10901 GALERIA COVE AUSTIN, TX 78759	<input checked="" type="checkbox"/> Delete	TITLE 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: <u>SW Swank</u>				Date <u>5-10-2005</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>			