

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000007393 1. Entity Name YEGELWEL FAMILY FOUNDATION, INC.					
Principal Place of Business 10234 SCOTT MILL RD. JACKSONVILLE, FL 32257			Mailing Address 10234 SCOTT MILL RD. 2953 MANDARIN HOLLOW DR. JACKSONVILLE, FL 32257		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 10234 Scott Mill Rd. Suite, Apt. #, etc.			
City & State		City & State Jacksonville, FL			
Zip 32257	Country	Zip 32257	Country	4. FEI Number 59-3614373	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent YEGELWEL, EVAN 10234 SCOTT MILL RD. JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 <i>Evan J. Yegelwel</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 10/10/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		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	D YEGELWEL, EVAN J 10234 SCOTT MILL RD. JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 800080832658 10/13/06--01053--004 **\$61.25 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEGELWEL, ARLENE S 10234 SCOTT MILL RD. JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEGELWEL, MORRIS 6149 POINTE REGAL CIR., APT. 210 DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, STEVEN J 2620 FOREST POINT CT. JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Arlene S. Yegelwel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 10/10/06 Daytime Phone # (904) 268-7772		

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REINSTATEMENT 2006

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