2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000003282

FILED Oct 27, 2011 Secretary of State

Entity Name: ALACHUA COUNTY COALITION FOR THE HOMELESS AND HUNGRY, INC.

Current Principal Place of Business: New Principal Place of Business:

703 NE 1ST STREET GAINESVILLE, FL 32601

Current Mailing Address: New Mailing Address:

P.O. BOX 5494 703 NE 1ST STREET GAINESVILLE, FL 326275494 US GAINESVILLE, FL 32601

FEI Number: 43-1960048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONAHAN, GAIL 703 NE 1ST STREET GAINESVILLE, FL 32601 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: GAIL MONAHAN

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C

Name: MONAHAN, GAIL
Address: 703 NE 1ST STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: 7

Name: LOWE, THERESA
Address: 833 NE 4TH AVNUE
City-St-Zip: GAINESVILLE, FL 32601

Title: VP

Name: ELLIOTT, MIRIAM
Address: 1371 SE 24TH AVENUE
City-St-Zip: GAINESVILLE, FL 32641

Title: 5

 Name:
 KENNEDY, ANNETTE

 Address:
 229 SW 5TH STREET

 City-St-Zip:
 GAINESVILLE, FL 32601

Title:

 Name:
 SMITH, JENNIFER

 Address:
 2235 NW 65TH RAOD

 City-St-Zip:
 GAINESVILLE, FL 32653

Title: [

Name: VANN, KENT Address: 413 S. MAIN ST.

City-St-Zip: GAINESVILLE, FL 32601

I hereby 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 all other like empowered.

SIGNATURE: THERESA LOWE T 10/27/2011