

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


## FILED

07 NOV -7 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N06000002849**

1. Entity Name  
**THE LIFESOURCE ECONOMIC AND COMMUNITY DEVELOPMENT CORPORATION OF JEFFERSON COUNTY, INC.**



Principal Place of Business  
**262 SUNDANCE DR  
 MONTICELLO, FL 32344**

Mailing Address  
**262 SUNDANCE DR  
 MONTICELLO, FL 32344**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

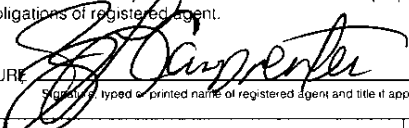
4. FEI Number  
**11072007 REIN-NP CR2E099 (1/07)**

5. Certificate of Status Desired  
 Applied For  
 Not Applicable  
**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
~~JACOBS, E LEON JR. ESQ  
 WILLIAMS, JACOBS & ASSOCIATES  
 1720 S GADSDEN ST - MS 14 - STE 211  
 TALLAHASSEE, FL 32304~~

7. Name and Address of New Registered Agent  
 Name: **Jacqueline L. Carpenter**  
 Street Address (P.O. Box Number is Not Acceptable):  
**262 Sundance Drive  
 Monticello, Florida 32344**  
 City: **FL** Zip Code: **32344**

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:  DATE: **Nov. 7, 2007**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$61.25  
 After January 1, 2008, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>CARPENTER, JACQUELINE</b> <b>262 SUNDANCE DR</b> <b>MONTICELLO, FL 32344</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del><b>WILLIAMS, RAYNELL</b></del> <del><b>418 1/2 W 8TH AVE</b></del> <del><b>TALLAHASSEE, FL 32303</b></del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B</b> <del><b>WHITE, CAROLYN</b></del> <del><b>3866 W WASHINGTON ST</b></del> <del><b>MONTICELLO, FL 32344</b></del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SNYDER, CHARLOT</b> <b>2427 CAPITAL CIR NE - STE F</b> <b>TALLAHASSEE, FL 32308</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARNHART, WILLARD</b> <b>68 BARNHART RD</b> <b>MONTICELLO, FL 32344</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/Pres elect</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jacqueline Carpenter</b> <b>262 Sundance Drive</b> <b>Monticello, Florida 32344</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Priscilla Mc Giff</b> <b>57 Charles Willis Dr.</b> <b>Midway, Florida 32343</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800112456048</b> <b>11/20/07--01020--002 **70.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>07</b>
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"/> 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:  DATE: **November 7, 2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #