2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000003190

FILED Oct 30, 2008 Secretary of State

Entity Na	me: THREE RIVERS HOUSING FOUNDA	ITION, INC.
Current P	rincipal Place of Business:	New Principal Place of Business:
	MINGTON GREEN CIRCLE SSEE, FL 32308 US	1213 CONSERVANCY DRIVE EAST TALLAHASSEE, FL 32312 US
Current Mailing Address:		New Mailing Address:
	IINGTON GREEN CIRCLE SSEE, FL 32308 US	1213 CONSERVANCY DRIVE EAST TALLAHASSEE, FL 32312 US
	: 59-3336405 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired () not receive the prior notice.
	Address of Current Registered Agent:	Name and Address of New Registered Agent:
BOONE, FORREST F 2858 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308 US		BOONE, FORREST F 1213 CONSERVANCY DRIVE EAST TALLAHASSEE, FL 32312 US
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE: FORREST F. BOONE	10/30/2008
	Electronic Signature of Registered A	gent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	DP () Delete BOONE, FORREST F 1213 CONSERVANCY DR E TALLAHASSEE, FL 32312	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DVP () Delete BOONE, BARBARA S 1213 CONSERVANCY DR E TALLAHASSEE, FL 32312	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DTS () Delete STONE, PHILIP T 1621 FIFTH STREET NEPTUNE BEACH, FL 32266	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: FORREST F. BOONE DP 10/30/2008