

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000009822

FILED
Oct 26, 2009
Secretary of State

Entity Name: THE VIRGIL HAWKINS JUSTICE FOUNDATION, INC.

Current Principal Place of Business:

C/O SHA'RON JAMES
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32308

New Principal Place of Business:

C/O LETISHA BIVINS
3073 HORSESHOE DRIVE SOUTH, SUITE 210
NAPLES, FL 34104

Current Mailing Address:

C/O SHA'RON JAMES
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32308

New Mailing Address:

C/O LETISHA BIVINS
3073 HORSESHOE DRIVE SOUTH, SUITE 210
NAPLES, FL 34104

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JAMES, C. SHA'RON
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

BIVINS, LETISHA D
3073 HORSESHOE DRIVE SOUTH
SUITE 210
NAPLES, FL 34104 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: LETISHA D. BIVINS

10/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BIVINS, LETISHA
Address: PO BOX 3229
City-St-Zip: TAMPA, FL 326013239

Title: D () Delete
Name: KNOX, ANQUELIQUE
Address: 1315 N BRONOUGH ST
City-St-Zip: TALLAHASSEE, FL 323035426

Title: D () Delete
Name: MUNSON, RACHELLE
Address: PO BOX 4457
City-St-Zip: APOPKA, FL 327044457

Title: D () Delete
Name: SHAW-WILDER, DETRA
Address: 2525 PONCE DE LEON BLVD FL 9
City-St-Zip: MIAMI, FL 333146037

Title: D () Delete
Name: STEWART, CAROLYN H
Address: 2525 PONCE DE LEON BLVD FL 9
City-St-Zip: MIAMI, FL 333146037

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BIVINS, LETISHA
Address: 3073 HORSESHOE DRIVE SOUTH, SUITE 210
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change () Addition
Name: KNOX, ANQUELIQUE
Address: PO BOX 111
City-St-Zip: TALLAHASSEE, FL 32302

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STEWART, CAROLYN H
Address: PO BOX 1531
City-St-Zip: TAMPA, FL 33601

Title: D () Change (X) Addition
Name: MCKINNEY, JUNE
Address: 1230 APALACHEE PARKWAY
City-St-Zip: TALLAHASSEE, FL 32301

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.

SIGNATURE: LETISHA D. BIVINS

D

10/26/2009

Electronic Signature of Signing Officer or Director

Date