

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 716770

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** TRI-STATE COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

5200-20 NORWOOD AVE  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

5325 EMERSON STREET  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

PO BOX 3213  
JACKSONVILLE, FL 32206

**New Mailing Address:**

5325 EMERSON STREET  
JACKSONVILLE, FL 32208

**FEI Number:** 59-1663332      **FEI Number Applied For ( )**      **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:**

JONES, QUILLIE L  
1592 W. 14TH STREET  
JACKSONVILLE, FL 32209      US

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

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: QUILLIE L. JONES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD      ( ) Delete  
Name: ROBINSON, MARYLAND  
Address: 754 SPEARING ST.  
City-St-Zip: JACKSONVILLE, FL

Title: T      ( ) Delete  
Name: HOWELL, JAMES B  
Address: 3805 MARLO ST.  
City-St-Zip: JACKSONVILLE, FL

Title: D      ( ) Delete  
Name: NORMAN, ERVIN  
Address: 2437 S. BARRY DR.  
City-St-Zip: JACKSONVILLE, FL

Title: VC      ( ) Delete  
Name: MARTIN, ANDRE L SR  
Address: 1909 SHADOW RIDGE TRAIL  
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD      ( ) Delete  
Name: JONES, QUILLIE  
Address: 1992 W. 14TH STREET  
City-St-Zip: JACKSONVILLE, FL

Title: D      ( ) Delete  
Name: GIBSON, JOHNNIE M  
Address: 1362 SAMATHA CIRCLE W  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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.

SIGNATURE: QUILLIE L. JONES

Electronic Signature of Signing Officer or Director

CHAI

04/03/2009

Date