2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

THE TALLAHASSEE URBAN LEAGUE, INCORPORATED 07 JAH 1 1 PH 12:	. 4 7	
Principal Place of Business 923 OLD BAINBRIDGE ROAD 923 OLD BAINBRIDGE ROAD TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 32303 US	TALLAHASSEE, FLORIDA	
2. Principal Place of Business - No P.O. Box # 3. Malling Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.		
City & State City & State 4. FEI Number 59-1346143	Applied For Not Applicable	
Fee	75 Additional Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name		
FERRELL, ERNEST		
1116 TANNER DR Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 2340		
TALBATIAGGE, TE STATE AND THE		
City	Zip Code	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept		
the obligations of music replacent.		
SIGNATURE SIGNATURE SIGNATURE (NOTE: Registered Agent significant mens of registered-agent and life if applicable, (NOTE: Registered Agent significant mensions) DATE		
FILE NOW!!! FEE 18 \$297.50 Make check pa Florida Departme		
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	ORS IN 10	
TITLE VD Delete TITLE NAME THOMPSON, RUTHA	Change Addition	
STREET ADDRESS 217 CHINA DOLL DR STREET ADDRESS		
CITY-ST-ZP TALLAHASSEE, FL 32312 CITY-ST-ZP		
TITLE NAME BROWN, THOMAS STREET ADDRESS DITY-ST-ZIP TALLAHASSEE, FL 32308 DITY-ST-ZIP TALLAHASSEE, FL 32308 DITY-ST-ZIP TALLAHASSEE, FL 32308	France Addition	
	Change T3 Addition	
MANE JONES MARGADET	Change Addition	
STREET ADDRESS	+5 •∗306.25	
TITLE T Delete TITLE NAME BROWN, SHERWOOD NAME	Change	
STREET ADDRESS 1201 N. MONROE ST., SUITE C STREET ADDRESS		
CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP		
TITLE P Delete TITLE NAME FERRELL, ERNEST NAME	Change Addition	
STREET ADDRESS 1116 TANNER DR. STREET ADDRESS		
CITY-ST-ZP TALLAHASSEE, FL 32310 CITY-ST-ZIP		
	Change	
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		
CTTY-ST-ZIP CTTY-ST-ZIP		
12. I hereby certify that the information supplied with his filling does not qualify for the exemptions contained in Onapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is fruite 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 empoyered 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 attactuation with an address, with all other like empowered.		
SIGNATURE CONTINUED CHAPTER DEL CONTINUED DE SIGNATURE AND TYPED CHAPTER OR DIRECTOR DEL CONTINUED DE SIGNATURE AND TYPED CHAPTER DE SIGNATURE AND TYPED CHAPTER OR DIRECTOR		