


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000005341		
1. Entity Name THE HERD COMMUNITY DEVELOPMENT CORPORATION		

FILED

07 MAR 19 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 850 NORTH PINE AVE OCALA, FL 34475 US	Mailing Address 850 NORTH PINE AVE OCALA, FL 34475 US
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2. Principal Place of Business - No P.O. Box # 432 West Carolina St. Suite, Apt. #, etc.	3. Mailing Address 432 West Carolina St. Suite, Apt. #, etc.
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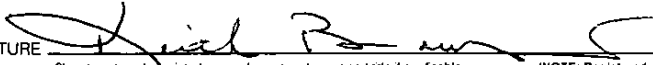
03192007 REIN-NP CR2E099 (1/07)

City & State Tallahassee FL	City & State Tallahassee FL	4. FEI Number 95-4760461	Applied For <input type="checkbox"/> Not Applicable
Zip 32301	Country USA	Zip 32301	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOWERS, KEITH 1423 S. GADSDEN ST TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name Bowers, Keith Street Address (P.O. Box Number is Not Acceptable) 432 West Carolina Street City Tallahassee FL Zip Code 32301	
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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
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAINWRIGHT, MARGO 5436 ONACREST DRIVE LOS ANGELES, CA 90043 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Isaac Williams 251 East Harrison St. Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, DOUGLAS L 1565 ELDER TREE DRIVE DIAMOND BAR, CA 91765 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Randy Nelson 134 Kathy Ann Drive Crawfordville FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADLEY, PATRICK 108 N. MAGNOLIA AVE #600 OCALA, FL 34475 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, LETICIA 1565 ELDER TREE DRIVE DIAMOND BAR, CA 91765 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		

06-07 B 3/19/07
REINSTATEMENT
8000958006 ☒ Change ☐ Addition
04/04/07--01028--019 **131.25

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 3/19/07 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	