

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

DOCUMENT # F03000004511

1. Entity Name
SOUTHEAST RURAL COMMUNITY ASSISTANCE
PROJECT, INC.



05 NOV -9 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2135 NW 40TH TERRACE
GAINESVILLE, FL 32605

Mailing Address
P.O. BOX 2868
ROANOKE, VA 24001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10212005 REIN-NP CR2E099 (6/04)

City & State

City & State

4. FEI Number
54-1055050

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVER, RACHEL
2135 NW 40TH TERRACE, SUITE A
GAINESVILLE, FL 32605

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME OWENS, WINFRED E
STREET ADDRESS 225 W. BROAD STREET
CITY-ST-ZIP ATHENS, GA 30601

TITLE Chairman ☒ Change ☐ Addition
NAME Hammer, Allen R.
STREET ADDRESS 5117 Verlinda Drive
CITY-ST-ZIP Richmond VA 23237-9375

TITLE V ☒ Delete
NAME HUGHS, SAMUEL JR.
STREET ADDRESS 1010 RANDOLPH LANE
CITY-ST-ZIP LYNCHBURG, VA 24502

TITLE Vice Chairman ☒ Change ☐ Addition
NAME Lewis, Terry D.
STREET ADDRESS 358 Edgar Lane
CITY-ST-ZIP Surry VA 23883

TITLE S ☒ Delete
NAME PODELCO, GEORGE V
STREET ADDRESS 3 LEE STREET
CITY-ST-ZIP ONANCOCK, VA 23417

TITLE Secretary ☒ Change ☐ Addition
NAME Matthews, Joy
STREET ADDRESS 1152 Allen Farm Lane
CITY-ST-ZIP Earlysville VA 22936-1870

TITLE T ☒ Delete
NAME TYREE, JOSEPH L JR
STREET ADDRESS 10241 KIMAGES ROAD
CITY-ST-ZIP CHARLES CITY, VA 23030

TITLE Treasurer ☒ Change ☐ Addition
NAME Moss, Julia A.
STREET ADDRESS 1050 Pete's Trail
CITY-ST-ZIP Clover VA 24534-3198

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600061258706
11/08/05--01046--001 **245.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
K. Ecker NOV -9 2005

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/05

540-345-1184 Q13