2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N0000001702

FILED Oct 05, 2006 Secretary of State

Entity Name: ALEXANDER COMMUNITY OUTREACH CENTER, INC

Current F	Principal Place of Business:	New Principa	l Place of Business:
8001 N.W	.21ST STREET JDERDALE, FL 33311	·	
Current N	failing Address:	New Mailing	Address:
	.21ST STREET JDERDALE, FL 33311		
n accordar	r: 65-1001176 FEI Number Applied For () FE nce with s. 607.193(2)(b), F.S., the corporation did not reco d Address of Current Registered Agent:		le () Certificate of Status Desired () dress of New Registered Agent:
8001 N.W	DER, LORRAINE M .21ST STREET JDERDALE, FL 33311 US		
	e named entity submits this statement for the purpo e of Florida.	se of changing its re	egistered office or registered agent, or both,
SIGNATU	RE: LORRAINE ALEXANDER		
SIGNATU	RE: LORRAINE ALEXANDER Electronic Signature of Registered Agent		Date
		ADDITIONS/C	Date CHANGES TO OFFICERS AND DIRECTOR
OFFICER itle: lame: ddress:	Electronic Signature of Registered Agent	ADDITIONS/C Title: Name: Address: City-St-Zip:	
DFFICER ittle: lame: ddress: itty-St-Zip: ittle: lame: ddress:	Electronic Signature of Registered Agent S AND DIRECTORS: PD () Delete ALEXANDER, LORRAINE M 3001 N.W.21ST STREET	Title: Name: Address:	HANGES TO OFFICERS AND DIRECTOR
DFFICER itle: ame: ddress: city-St-Zip: itle: ame: ddress: city-St-Zip: itle: lame: ddress:	Electronic Signature of Registered Agent S AND DIRECTORS: PD () Delete ALEXANDER, LORRAINE M 3001 N.W.21ST STREET FORT LAUDERDALE, FL 33311 SD () Delete ALEXANDER, ROBIN 3001 N.W.21ST STREET	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Title: Name: Address: Address: Address: Address: Title: Address: Address: Address:	() Change () Addition () Change () Addition
	Electronic Signature of Registered Agent S AND DIRECTORS: PD () Delete ALEXANDER, LORRAINE M 3001 N.W.21ST STREET FORT LAUDERDALE, FL 33311 SD () Delete ALEXANDER, ROBIN 3001 N.W.21ST STREET FORT LAUDERDALE, FL 33311 TD () Delete LAWTON, MELISSA 2000 NW 27TH ST APT 4	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Title: Name: Address: Address: Address: Address: Address: Address:	CHANGES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition (X) Change () Addition WTON, MELISSA 17 S.W. 22 TERRANCE

I hereby certify that the information supplied with this filing does not qualify for the 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: MELISSA LAWTON TD 10/05/2006