2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2005
Secretary of State

DOCUMENT# N00000002124

Entity Name: SOUTH SAINT PETERSBURG COMPUTER EMPOWERMENT PROGRAM, INC.

Current Principal Place of Business:

1221 22ND STREET SOUTH
SUITE B
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

1221 22ND STREET SOUTH
SUITE B
ST PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 59-3618115 **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:

DEMPS-MCCREE, KAREN
205 POMPANO DRIVE SE, APT D
ST PETERSBURG, FL 33705 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: KAREN DEMPS-MCCREE

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FOWLER, JUDY C	
Address:	2338 MELROSE AVENUE SOUTH	
City-St-Zip:	ST PETERSBURG, FL 337122165	
Title:	P	( ) Delete
Name:	BROWN, LYDIA	
Address:	3900 5TH AVE SOUTH	
City-St-Zip:	ST PETERSBURG, FL 33569	
Title:	D	( ) Delete
Name:	HARDWICK, CAROLYN	
Address:	3600 29TH AVE SOUTH	
City-St-Zip:	ST PETERSBURG, FL 33711	
Title:	IC	( ) Delete
Name:	BROWN, LYDIA	
Address:	3900 8TH AVENUE SOUTH	
City-St-Zip:	ST PETERSBURG, FL 33711	
Title:	FD	( ) Delete
Name:	SCHAUER, DAVID C ESQ	
Address:	321 22ND AVENUE SE	
City-St-Zip:	ST PETERSBURG, FL 33705	
Title:	VP	( ) Delete
Name:	GIBSON, LUCIOUS III	
Address:	2382 SABAZEN DRIVE	
City-St-Zip:	DUNEDIN, FL 34698	

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 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 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: JUDY C. FOWLER DIRE 10/05/2005

Electronic Signature of Signing Officer or Director — Date