

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000004104

**FILED**  
**Oct 29, 2008**  
**Secretary of State**

**Entity Name:** FAITH INITIATIVES COMMUNITY DEVELOPMENT CORPORATION OF OCALA, FLORIDA

**Current Principal Place of Business:**

2251 NW 2ND STREET  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

2251 NW 2ND STREET  
OCALA, FL 34475

**New Mailing Address:**

**FEI Number:** 59-3659838

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, JUANITA G  
2251 NW 2ND STREET  
OCALA, FL 34475 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: JUANITA G. DAVIS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete  
Name: BROOKS, TOMMY L SR  
Address: 2140 NW 21ST STREET  
City-St-Zip: OCALA, FL 34475

Title: D ( ) Delete  
Name: DAVIS, JUANITA G  
Address: 3501 SW 25TH STREET  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: GARNER, HAROLD  
Address: 4972 NW 82ND COURT  
City-St-Zip: OCALA, FL 34482

Title: D ( ) Delete  
Name: RICHARDSON, DEBRA  
Address: 720 NE 26TH STREET  
City-St-Zip: OCALA, FL 34470

**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:

I hereby certify that the information supplied with this filing does not qualify 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: TOMMY L. BROOKS

D/P

10/29/2008

Electronic Signature of Signing Officer or Director

Date