

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N00000004104

**FILED**  
**May 12, 2010**  
**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  
**Name:** THOMAS, SYLVIA  
**Address:** 2001 SW 5TH PLACE  
**City-St-Zip:** OCALA, FL 34471 18

**Title:** D  
**Name:** RANDOLPH, DAVIDA T  
**Address:** 2800 SW 14TH STREET  
**City-St-Zip:** OCALA, FL 34474 65

**Title:** D  
**Name:** RANDOLPH, ALFONSO  
**Address:** 2800 SW 14TH STREET  
**City-St-Zip:** OCALA, FL 34474

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

I hereby 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 all other like empowered.

**SIGNATURE:** SYLVIA THOMAS

DP

05/12/2010

Electronic Signature of Signing Officer or Director

Date