

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000006797

FILED  
Feb 24, 2005  
Secretary of State

**Entity Name:** COMMUNITY FINANCIAL ASSISTANCE CORP.

**Current Principal Place of Business:**

301 NINE MILE RD  
SUITE 8  
PENSACOLA, FL 32534

**New Principal Place of Business:**

5079 N DIXIE HWY  
SUITE 241  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

301 NINE MILE RD  
SUITE 8  
PENSACOLA, FL 32534

**New Mailing Address:**

5079 N DIXIE HWY  
SUITE 241  
OAKLAND PARK, FL 33334

**FEI Number:** 59-3747545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GLASS, PETER  
301 NINE MILE RD  
SUITE 8  
PENSACOLA, FL 32534 US

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

GLASS, PETER  
5079 N DIXIE HWY  
SUITE 241  
OAKLAND PARK, FL 33334 US

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: JAMES DAVIS

02/24/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DAVIS, JAMES  
Address: 3030 NE 49TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: S ( ) Delete  
Name: DAVIS, JACQUELINE  
Address: 2425 E COMMERCIAL BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VP (X) Delete  
Name: SANTORO, JOSEPH  
Address: 2425 E COMMERCIAL BLVD  
City-St-Zip: FT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DAVIS, JAMES  
Address: 5079 N DIXIE HWY  
City-St-Zip: OAKLAND PARK, FL 33334

Title: S (X) Change ( ) Addition  
Name: DAVIS, JACQUELINE  
Address: 5079 N DIXIE HWY  
City-St-Zip: OAKLAND PARK, FL 33334

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: JAMES DAIVS

PRES

02/24/2005

Electronic Signature of Signing Officer or Director

Date