

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

03/03/05 MAY 09 2005

DOCUMENT # N02000001292

1. Entity Name
NEW PHILADELPHIA COMMUNITY SERVICES, INC.



FILED
05 MAY -2 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
88-95

Principal Place of Business
3529 1/2 22ND AVE S
ST PETERSBURG, FL 33711

Mailing Address
3529 1/2 22ND AVE S
ST PETERSBURG, FL 33711



2. Principal Place of Business
P.O. Box 15935
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 15935
Suite, Apt. #, etc.

04302005 REIN-NP CR2E099 (6/04)

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

Zip
33733

Country
PINELLAS

Zip
33701

Country
PINELLAS

4. FEI Number
APPLIED FOR 59-3051041

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAM, LORIAN S
2620 MIKSL TERR S
ST PETERSBURG, FL 33712

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GASKIN, DON A			NAME			
STREET ADDRESS	2668 69TH AVE S			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 33705			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NESBITT, EDWARD			NAME			
STREET ADDRESS	4526 YARMOUTH AVE			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 33733			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, LORIAN S			NAME			
STREET ADDRESS	2620 MIKOL TERR S			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 33172			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GASKIN, VICTORIA			NAME			
STREET ADDRESS	2668 69TH AVE S			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 33712			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOLDEN, BARBARA			NAME			
STREET ADDRESS	2440 SUNRISE DR SE			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 33705			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NESBITT, JOANN			NAME			
STREET ADDRESS	4526 YARMOUTH AVENUE S			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 33711			CITY-ST-ZIP			

600054305866
05/12/05--01006--011 **131.25

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lorian S. Williams LORIAN S. WILLIAMS 4/30/05 (727) 896-4566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #