2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Feb 26, 2005
Secretary of State

DOCUMENT# N02000001880

Entity Name: GLORY TRAIN UNIQUE CARE INC.

Current Principal Place of Business:

7509 MESSER CT
TALLAHASSEE, FL 32304

New Principal Place of Business:

4001 CATES AVE
TALLAHASSEE, FL 32310

Current Mailing Address:

7509 MESSER CT
TALLAHASSEE, FL 32304

New Mailing Address:

4001 CATES AVE
TALLAHASSEE, FL 32310

FEI Number: 50-0001303 **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:

WILLIAMS, BRENDA C
7509 MESSER CT
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

WILLIAMS, BRENDA C
4001 CATES AVE
TALLAHASSEE, FL 32310 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: BRENDA C WILLIAMS 02/26/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, BRENDA C
Address: 7509 MESSER CT
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete
Name: WILLIAMS, KENNETH
Address: 2701 SANDALWOOD DR S
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: COOPER, MATTIE M
Address: 200 GREEN WOOD TERRACE
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILLIAMS, BRENDA C
Address: 4001 CATES AVE
City-St-Zip: TALLAHASSEE, FL 32310

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: BRENDA C WILLIAMS PD 02/26/2005
Electronic Signature of Signing Officer or Director Date