

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000002471

FILED
Feb 19, 2009
Secretary of State

Entity Name: TRANSITIONAL OUTREACH PROGRAM, INC.

Current Principal Place of Business:

1555 MLK BLVD.
F-107
RIVIERA BEACH, FL 33404

Current Mailing Address:

1117 W 31ST STREET
RIVIERA BEACH, FL 33404

New Principal Place of Business:

455 CHEERFUL COURT
BLDG F -105
WEST PALM BEACH, FL 33407

New Mailing Address:

455 CHEERFUL COURT
BLDG F -105
WEST PALM BEACH, FL 33407

FEI Number: 71-0875882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

HAILES, VANESTHER
1555 MLK BLVD.
F-107
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

HAILES, VANESTHER
455 CHEERFUL COURT
BLDG F -105
WEST PALM BEACH, FL 33407 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: VANESTHER HAILES

02/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAILES, VANESTHER
Address: 1555 MLK BLVD.
City-St-Zip: RIVIERA BEACH, FL 33404

Title: V () Delete
Name: BROOKINS, GLENDA
Address: 1420 W 25TH ST
City-St-Zip: RIVIERA BEACH, FL 33404

Title: T () Delete
Name: BUSH, KIMBERLY
Address: 6462 BAY ISLAND COURT
City-St-Zip: WEST PALM BEACH, FL 33415

Title: S () Delete
Name: BROWN, NORMA
Address: 730 19TH ST
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DIR () Delete
Name: MOLNAR, YOUNELA
Address: 402 WEST BOYNTON BEACH BLVD
City-St-Zip: BOYNTON BEACH, FL 33435

Title: M () Delete
Name: BYRD, ANDREW
Address: 301 3RD STREET
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAILES, VANESTHER
Address: 455 CHEERFUL COURT
City-St-Zip: WEST PALM BEACH, FL 33407

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:

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: VANESTHER HAILES

PD

02/19/2009

Electronic Signature of Signing Officer or Director

Date