

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N02000004275

Entity Name: PRIDE OF PALATKA, INC.

**FILED**  
**Oct 19, 2004**  
**Secretary of State****Current Principal Place of Business:**201 N 2ND ST  
PALATKA, FL 32177**New Principal Place of Business:****Current Mailing Address:**201 N 2ND ST  
PALATKA, FL 32177**New Mailing Address:**FEI Number: 30-0085872      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:**TOWNSEND, WILLIAM L JR  
200 REID ST  
PALATKA, FL 32177      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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: D      ( ) Delete  
Name: BANKS, DEBORAH J  
Address: 331 STOKES LANDING RD  
City-St-Zip: PALATKA, FL 32177Title: D      ( ) Delete  
Name: BROWN, MARY L  
Address: 109 S 9TH ST  
City-St-Zip: PALATKA, FL 32177Title: D      ( ) Delete  
Name: FOLTIS, CONSTANTINE  
Address: 136 CEDAR CREEK RD  
City-St-Zip: PALATKA, FL 32177Title: D      ( ) Delete  
Name: HENLEY, JOHN R  
Address: PO BOX 374  
City-St-Zip: BOSTWICK, FL 32007Title: D      ( ) Delete  
Name: KITCHENS, ALLEGRA  
Address: 1027 S 12TH ST  
City-St-Zip: PALATKA, FL 32177Title: D      ( ) Delete  
Name: NORTON, ALLEN J  
Address: 212 HUSSON AVE  
City-St-Zip: PALATKA, FL 32177**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D      (X) Change ( ) Addition  
Name: LANE, MARCIA F  
Address: 210 EAST FOREST PARK, DRIVE  
City-St-Zip: PALATKA, FL 32177 29Title:      ( ) 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 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: MARY LAWSON BROWN

D

10/19/2004

Electronic Signature of Signing Officer or Director

Date