

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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|---|--|---------------------------------|---|--|--|
| DOCUMENT # N02000005668 1. Entity Name FRIENDS OF THE COMMUNITY CENTERS, INC. | | | | | |
| Principal Place of Business 8940 W VETERANS DRIVE HOMOSASSA, FL 34448 | | | Mailing Address 8940 W VETERANS DRIVE HOMOSASSA, FL 34448 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 03-0436639 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent OLIVERI, NANCY R 8940 W VETERANS DRIVE HOMOSASSA, FL 34448 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| SIGNATURE: <i>Nancy R. Oliveri</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE: <i>10/19/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50 | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD PAQUETTE, LEO 1373 LAKEVIEW DR INVERNESS, FL 34450 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition 200081274312 10/27/06--01025--004 **236.25 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D OLIVERI, NANCY R 2778 W. BEAMWOOD DR BEVERLY HILLS, FL 34465 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MCDANNOLD, MILDRED MRS. 8347 E LULAS LN FLORAL CITY, FL 344362161 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Nancy R. Oliveri</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE: <i>10/19/06</i> Daytime Phone #: <i>352-5073434</i> | |

NANCY R. OLIVERI, SECRETARY