

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000007830

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** THE FRANCES HODGE COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

210 TURNSTILE DR  
COPELAND, FL 34137

**New Principal Place of Business:**

**Current Mailing Address:**

933 N. E. 410 AVE.  
# 1769  
OLD TOWN, FL 32680

**New Mailing Address:**

**FEI Number:** 54-2103235      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BUCHANAN, ELEANOR  
933 N. E. 410 AVE.  
# 1769  
OLD TOWN, FL 32680 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: ELEANOR BUCHANAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CFO ( ) Delete  
Name: BUCHANAN, ELEANOR  
Address: 933 N. E. 410 AVE  
City-St-Zip: OLD TOWN, FL 32680

Title: D ( ) Delete  
Name: HODGE, FRANCES  
Address: 231 BROCKINGTON DR  
City-St-Zip: COPELAND, FL 34137

Title: D ( ) Delete  
Name: SMITH, MARILYN  
Address: 929 N. E. 410 AVE  
City-St-Zip: OLD TOWN, FL 32680

Title: D ( ) Delete  
Name: HUGHES, PATTI  
Address: 723 PINE STREET  
City-St-Zip: DIMMITT, TX 79027

Title: D ( ) Delete  
Name: SMITH, JOE  
Address: 929 N. E. 410 AVE  
City-St-Zip: OLD TOWN, FL 32680

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CFO (X) Change ( ) Addition  
Name: BUCHANAN, ELEANOR  
Address: 933 N. E. 410 AVE, # 1769  
City-St-Zip: OLD TOWN, FL 32680

Title: VP (X) Change ( ) Addition  
Name: BRYAN, HELEN  
Address: 169 LOPEZ LANE NORTH  
City-St-Zip: CHOKOLOSKEE, FL 34138

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: ELEANOR BUCHANAN

CFO

03/19/2009

Electronic Signature of Signing Officer or Director

Date