## 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N02000008046

Entity Name: SUCCESS BUILDERS, INCORPORATED

FILED Oct 27, 2014 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1400 DUNN AVENUE 12562 ANGELLAKE DRIVE W

SUITE 13 SUITE 13

JACKSONVILLE, FL 32218 UN JACKSONVILLE, FL 32218 US

Current Mailing Address: New Mailing Address:

1440 - 13 DUNN AVENUE 12562 ANGELLAKE DRIVE W JACKSONVILLE, FL 32218 12562 ANGELLAKE DRIVE W JACKSONVILLE, FL 32218

FEI Number: 04-3717876 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BROKEMOND, LOLA C

1440 - 13 DUNN AVENUE

JACKSONVILLE, FL 32218

BROKEMOND, LOLA C

12562 ANGEL LAKE DRIVE W

JACKSONVILLE, FL 32218

US

JACKSONVILLE, FL 32218

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: LOLA BROKEMOND 10/27/2014

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: OD

Name: BROKEMOND, LOLA C
Address: 12562 ANGELLAKE DRIVE W
City-St-Zip: JACKSONVILLE, FL 32218

Title: T

Name: HARDAWAY, ROSE
Address: 12565 ANGEL LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title:

Name: NESMITH, KIMBERLY PROF Address: 3737 CORAL TREE CIRCLE City-St-Zip: JACOCONUT CREEK, FL 33073

Title:

 Name:
 MOORE, GENEVA C DR.

 Address:
 224 HIGHLAND AVENUE

 City-St-Zip:
 MADISON, WI 53705

Title: DS

Name: HALL, HAROLD Address: 13833 KICKAPOO City-St-Zip: CARMEL, IN 46033

Title:

Name: MAXIE, MILLER, JR REV
Address: 1903 TIMERLANE DRIVE EAST
City-St-Zip: PLANT CITY, FL 33566

I hereby 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 all other like empowered.

SIGNATURE: LOLA BROKEMOND PRES 10/27/2014