

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN 16 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152007 REIN-NP CR2E099 (1/07)

4. FEI Number
33-1043915

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POTTS, ISABELLE
1407 S. MERIDIAN STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/07

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NUDD, DONNA M	
STREET ADDRESS	1402 S. MERIDIAN STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	POTTS, ISABELLE	
STREET ADDRESS	1407 S. MERIDIAN STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILIKOVICH, DONA	
STREET ADDRESS	1534 CHOWKEEBIN NENE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANG, NANCY	
STREET ADDRESS	2529 WILLAMETTE ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAENDLIN, BONNIE	
STREET ADDRESS	2736 LUCERENE DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEMP, YAKINI	
STREET ADDRESS	2204 BEECH DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/07--01009--023 **122.50

B 1/16/07

REINSTATEMENT 06-07

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07 224-8188

DATE

DAYTIME PHONE #