2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000000245

FILED Oct 03, 2006 Secretary of State

Entity Name: FIRST STOP COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:			New Principal Place of Business:		
	IN STREET RK, FL 33825	US	4007 WEST SEBRING,	TMINSTER ROAD FL 33875 US	
Current Mailing Address:			New Mailing Address:		
P.O. BOX 2 SEBRING,		JS	4007 WEST SEBRING,	TMINSTER RD. FL 33875 US	
n accordanc		(2)(b), F.S., the corporation did not receive t	-	e.	
Name and	Address of C	ırrent Registered Agent:	Name and	Address of New Registered Agent:	
927 W. MA	PRETTA D IN STREET RK, FL 33825	US	BATES, LC 4007 WES SEBRING,	TMINSTER ROAD	
	named entity s of Florida.	ubmits this statement for the purpose o	of changing it	ts registered office or registered agent, or both,	
SIGNATUF	RE: LORETTA	D. BATES		10/03/2006	
	Electroni	c Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Γitle: Name: Nddress: City-St-Zip:	D () SPENCER, ROB 878 S. JEAN AV AVON PARK, FL	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () SAYLES, WILLIA 740 MUSTANG A LAKE PLACID, F	VENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	D () COLEY, WALTE 2416 W. HAMPT AVON PARK, FL	ON ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Nddress: City-St-Zip:	D () BOATWRIGHT, A 1216 CAROLINA AVON PARK, FL	AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	D () MURPHY, HERB 4521 LEUCADEI SEBRING, FL 3	IDRA DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	P () Change (X) Addition BATES, LOUIS E WESTMINSTER ROAD SEBRING, FL 33875	
h		anna kina anna liad mikk kkin Ælian da an		or the for the exemption stated in Chapter 110	

I hereby certify that the information supplied with this filing does not qualify for the 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: LOUIS BATES P 10/03/2006