

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000002371

FILED
Feb 04, 2010
Secretary of State

Entity Name: PANORAMA HOMELESS COALITION INC.

Current Principal Place of Business:

1001 N OAK ST.
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

1001 N OAK ST.
STARKE, FL 32091

New Mailing Address:

FEI Number: 11-3686903 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GREEN, REGINALD BISHOP
1001 N OAK ST.
STARKE, FL 32091 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: DR REGINALD GREEN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HERRING, SHADE J BISHOP
Address: 6403 HOWE DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD
Name: LONG, MOSES PASTOR
Address: 3624 WHITEHALL STREET
City-St-Zip: PALATKA, FL 32177

Title: SD
Name: BRADLEY, BLONDELL
Address: 1142 NE 31ST AVENUE
City-St-Zip: GAINESVILLE, FL 32609

Title: TD
Name: INGS, JAMES
Address: 1828 DAYTONA LANE NORTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: D
Name: GREEN, REGINALD BISHOP
Address: 1001 N OAK ST.
City-St-Zip: STARKE, FL 32091

Title: ADM
Name: SMITH, PRISCILLA ADMJN
Address: 625 BROWNLEE ST
City-St-Zip: STARKE, FL 32091

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: DR. REGINALD GREEN

CO

02/04/2010

Electronic Signature of Signing Officer or Director

Date