

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000003581

FILED
Apr 07, 2005
Secretary of State

Entity Name: CALOOSAHATCHEE ALTERNATIVE PROGRAMS, INC.

Current Principal Place of Business:

17 MARINA DRIVE
LABELLE, FL 33935

New Principal Place of Business:

67 CAMPBELL STREET
LABELLE, FL 33935

Current Mailing Address:

17 MARINA DRIVE
LABELLE, FL 33935

New Mailing Address:

67 CAMPBELL STREET
LABELLE, FL 33935

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

Name and Address of Current Registered Agent:

PERRY, SCOTT
17 MARINA DRIVE
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

EDENFIELD, ROBERT
67 CAMPBELL STREET
LABELLE, FL 33935 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: ROBERT EDENFIELD

04/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERRY, SCOTT
Address: 17 MARINA DRIVE
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: PERRY, WILLIAM
Address: POST OFFICE BOX 94
City-St-Zip: LABELLE, FL 33975

Title: D () Delete
Name: MARINO, LAURA
Address: 18 MARINA DRIVE
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOSICK, JOSEPH
Address: 601 W. ALVERDEZ AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: D (X) Change () Addition
Name: EDENFIELD, ROBERT
Address: 67 CAMPBELL STREET
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT EDENFIELD

D

04/07/2005

Electronic Signature of Signing Officer or Director

Date