2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005705

FILED Mar 09, 2009 Secretary of State

Entity Name: POSITIVE CHOICES COMMUNITY EMPOWERMENT CORPORATION

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

2254 DOUGLAS STREET HOLLYWOOD, FL 33020

Current Mailing Address: New Mailing Address:

4302 HOLLYWOOD BLVD. STE #229

HOLLYWOOD, FL 33021

P.O. BOX 813039 HOLLYWOOD, FL 33081

FEI Number: 57-1176442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MACK, TYMIRA W 2350 DOUGLAS STREET HOLLYWOOD, FL 33020

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: TYMIRA W. MACK

US

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 MACK, TYMIRA W
 Name:
 MACK, TYMIRA W

 Address:
 P.O. BOX 2181
 Address:
 P.O. BOX 813039

 City-St-Zip:
 HOLLYWOOD, FL 33022
 City-St-Zip:
 HOLLYWOOD, FL 33081

Title: VP () Delete Title: VP (X) Change () Addition Name: ADDISON, WILLIE JR. VP (X) Change () Addition Name: ADDISON, WILLIE JR.

Address: P.O. BOX 3193 Address: 5575 BRISTOL BAY LN
City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete Title: S (X) Change () Addition Name: WILLIAMS, OPHELIA Name: WILLIAMS, OPHELIA

 Name:
 WILLIAMS, OPHELIA
 Name:
 WILLIAMS, OPHELIA

 Address:
 P.O. BOX 2181
 Address:
 P.O. BOX 813039

 City-St-Zip:
 HOLLYWOOD, FL 33022
 City-St-Zip:
 HOLLYWOOD, FL 33081

Title: () Delete Title: (X) Change () Addition M Name: ANDERSON, MICHAEL K Name: ANDERSON, MICHAEL K REV 2254 DOUGLAS STREET Address: 2254 DOUGLAS STREET Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: HOLLYWOOD, FL 33020

 $\label{eq:Title:D} {\sf Title:} \qquad \qquad {\sf D} \qquad \qquad (\) \ {\sf Change} \ \ ({\sf X}) \ {\sf Addition}$

 Name:
 Name:
 RAINEY, DENISE

 Address:
 Address:
 P.O. BOX 813039

 City-St-Zip:
 City-St-Zip:
 HOLLYWOOD, FL 33081

I hereby certify that the information supplied with this filing does not qualify 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: TYMIRA W MACK P 03/09/2009