

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006283

FILED
Sep 12, 2008
Secretary of State

Entity Name: TALLAHASSEE DIOCESE YPCW, INC.

Current Principal Place of Business:

2488 EDDIE RD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2488 EDDIE RD.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-1352799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERS, CLARENCE
2488 EDDIE RD.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: CLARENCE RIVERS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: RIVERS, CLARENCE CD
Address: 2488 EDDIE ROAD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VD () Delete
Name: GRADY, ANNIE W VD
Address: 5975 BUTTON WILLOW LANE
City-St-Zip: TALLAHASSEE, FL 32305 US

Title: SD () Delete
Name: RIVERS, DOROTHY H SD
Address: 2488 EDDIE ROAD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: TD () Delete
Name: MORGAN, LUEVERNIA TD
Address: 2210 ST. MARKS STREET
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: D () Delete
Name: DAVIS, ELMIRA D
Address: 3715 CARACUS CT.
City-St-Zip: TALLAHASSEE, FL 32303 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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

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: CLARENCE RIVERS

CD

09/12/2008

Electronic Signature of Signing Officer or Director

Date