

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006466

FILED
Dec 13, 2005
Secretary of State

Entity Name: JESSICA EVA MOORE CENTER, INC.

Current Principal Place of Business:

525 SW 16 STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

7529 SALLYLYN LANE
LAKEWORTH, FL 33467

Current Mailing Address:

7529 SALLYLYN LANE
LAKEWORTH, FL 33467

New Mailing Address:

FEI Number: 54-2123800 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:

BISCAINO, NALIDA
7529 SALLYLYN LANE
LAKE WORTH, FL 33467 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: NALIDA BISCAINO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GILULA, IDA
Address: 841 SW AVENUE B
City-St-Zip: BELLE GLADE, FL 33430

Title: S () Delete
Name: GILULA, IDA
Address: 841 SW AVE B
City-St-Zip: BELLE GLADE, FL 33430

Title: T () Delete
Name: THICKLIN, J.R. REV
Address: 525 SW 16 STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: LEE, SHARON
Address: 216 NW 9TH ST
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: HAMMOND, SUSIE
Address: 808 NW AVE D
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: GREEN, DOUGLAS
Address: 1085 SOUTH MAIN STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: () Change () Addition
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 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: NALIDA BISCAINO

RA

12/13/2005

Electronic Signature of Signing Officer or Director

Date