# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 11, 2004**
**Secretary of State**

DOCUMENT# N03000007293

**Entity Name:** YOUTH MINORITY AIDS ACTION COMMITTEE, INC.

**Current Principal Place of Business:**

231 E VIRGINIA ST
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

231 E VIRGINIA ST
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number: 74-3105472** **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:**

HUBBARD, SYLVIA
311 GAILE AVE
TALLAHASSEE, FL 32305 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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: BELL, ANDREW MARKUS
Address: 1413 DEER HAVEN LANE
City-St-Zip: TALLAHASSEE, FL 32302

Title: S ( ) Delete
Name: PACE, SHANEKA
Address: 5672 RUSTIC DR
City-St-Zip: TALLAHASSEE, FL 32305

Title: V ( ) Delete
Name: BLAKELY, ASHELY
Address: 1415 COLORADO ST
City-St-Zip: TALLAHASSEE, FL 32304

Title: T ( ) Delete
Name: WALKER, BRITTANY
Address: 311 HARWOOD ST
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: BLAKELY, ASHLEY
Address: 1415 COLORADO STREET
City-St-Zip: TALLAHASSEE, FL 32304

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

Title: V (X) Change ( ) Addition
Name: BRYAN, SHANIQUE
Address: 311 GAILE AVENUE
City-St-Zip: TALLAHASSEE, FL 32305

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: ASHLEY BLAKELY P 10/11/2004

Electronic Signature of Signing Officer or Director — Date