

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007462

FILED
Oct 21, 2008
Secretary of State

Entity Name: COMMUNITY CONCEPTS SERVICES, INC.

Current Principal Place of Business:

5601 WEST VIEW DRIVE
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

P.O BOX 703
CLARCONA, FL 32710

New Mailing Address:

FEI Number: 42-1602142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHINN, TONI
5561 BLUE TICK DRIVE
ORLANDO, FL 32810 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: TONI SHINN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHINN, TONI
Address: 5561 BLUE TICK DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: BARNES, JOHNNIE M
Address: 5561 BLUE TICK DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: ST () Delete
Name: STOKES, JUDITH
Address: 4820 CORKWOOD LANE
City-St-Zip: ORLANDO, FL 32808

Title: VP () Delete
Name: SIMMONS, ASTRID
Address: 6226 MELBOURNE ST
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: WILLIAMS, SHERRY
Address: 6240 LYNETTE ST.
City-St-Zip: ORLANDO, FL 32809

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: TONI E SHINN

PRES

10/21/2008

Electronic Signature of Signing Officer or Director

Date