2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000009493

1343 AIRPORT DR UNIT H-11

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1031 CROSSING BROOK WAY APT 3

TALLAHASSEE, FL 32304

TALLAHASSEE, FL 32311

GRANT, GENA

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: FRENCHTOWN OUTREACH CENTER, INC.

FILED Oct 27, 2009 Secretary of State

Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:			
527 W. BREVARD STREET TALLAHASSEE, FL 32301				808 W. BREVARD STREET TALLAHASSEE, FL 32304			
Current Ma	ailing Address	:	New Maili	New Mailing Address:			
527 W. BREVARD STREET TALLAHASSEE, FL 32301				808 W. BREVARD STREET TALLAHASSEE, FL 32304			
FEI Number:	20-0448241	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Des	ired()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	RITA RICK PLANTAT SSEE, FL 3231		252 ROBIN	JAN, FOLEY 252 ROBINHOOD CT TALLAHASSEE, FL 32312 US			
The above in the State		ubmits this statement for the p	urpose of changing i	ts registered o	ffice or registered ager	nt, or both,	
SIGNATUR	RE: JAN FOLE	Υ		10/27/2009			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	YADETE, ETEFV 2210 MULBERRY	Y BLVD	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	C () I PHOENIX, CHER 4154 BREWSTE TALLAHASSEE,	R RD	Title: Name: Address: City-St-Zip:	C (X) DAVID, FERRE 234 E 7TH AVE TALLAHASSEE	NUE		
Title:	VT ()[Delete ENA	Title:	()	Change () Addition		

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: DAVID FERRAL C 10/27/2009

() Change () Addition