

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000001946

FILED
Dec 03, 2008
Secretary of State

Entity Name: DREXEL HOUSE RESIDENT COUNCIL, INC.

Current Principal Place of Business:

1745 DREXEL ROAD
301
WEST PALM BEACH, FL 33417

New Principal Place of Business:

1745 DREXEL ROAD
222
WEST PALM BEACH, FL 33417

Current Mailing Address:

1745 DREXEL ROAD
301
WEST PALM BEACH, FL 33417

New Mailing Address:

1745 DREXEL ROAD
222
WEST PALM BEACH, FL 33417

FEI Number: 42-1619864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

JACKSON, LEE
1745 DREXEL ROAD
301
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

WINSETT, JOANNE
1745 DREXEL ROAD
222
WEST PALM BEACH, FL 33417 US

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: JOANNE WINSETT

12/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WINSETT, JOANNE
Address: 1745 DREXEL ROAD, APT. #222
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP () Delete
Name: PAPA, AURELIO
Address: 1745 DREXEL ROAD, APT. #409
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SEC () Delete
Name: MARSHALL, BARBARA
Address: 1745 DREXEL ROAD, APT. #212
City-St-Zip: WEST PALM BEACH, FL 33417

Title: TREA () Delete
Name: DRYE, RENA
Address: 1745 DREXEL ROAD, APT. #425
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SAA () Delete
Name: MEDINA, EDWIN
Address: 1745 DREXEL ROAD, APT. #408
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: JOANNE WINSETT

PRES

12/03/2008

Electronic Signature of Signing Officer or Director

Date