

FILED

09 MAR 19 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12022008 REIN-NP CR2E099 (1/07)

4. FEI Number
30-0414380Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, GERALDINE
701 SOUTH 5TH ST.
IMMOKALEE, FL 34143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/09

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FREEMAN, ERNEST	
STREET ADDRESS	324 S. 2ND ST.	
CITY-ST-ZIP	IMMOKALEE, FL 34142	

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, PHYLISS F	
STREET ADDRESS	500 B WOOD DR.	
CITY-ST-ZIP	IMMOKALEE, FL 34142	

TITLE	S	<input type="checkbox"/> Delete
NAME	GERMAN, ALICE	
STREET ADDRESS	507 DOAK AVE	
CITY-ST-ZIP	IMMOKALEE, FL 34143	

TITLE	S	<input type="checkbox"/> Delete
NAME	ALLEN, GEORGIA	
STREET ADDRESS	410 S. 5TH ST.	
CITY-ST-ZIP	IMMOKALEE, FL 34142	

TITLE	S	<input type="checkbox"/> Delete
NAME	FREEMAN, LILLIAN	
STREET ADDRESS	324 S 2ND ST	
CITY-ST-ZIP	IMMOKALEE, FL 34142	

TITLE	Sister	<input type="checkbox"/> Delete
NAME	Geraldine Miller	
STREET ADDRESS	701 S. 5th Street	
CITY-ST-ZIP	Immokalee, FL 34142	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/28/08 1239657-7777

REINSTATEMENT

RH