

2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004304

FILED
Nov 07, 2013
Secretary of State

Entity Name: PLYMOUTH COMMUNITY IMPROVEMENT, INC.

Current Principal Place of Business:

3593 HOGSHEAD RD
PLYMOUTH, FL 32768

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 347
PLYMOUTH, FL 32768

New Mailing Address:

FEI Number: 59-2898956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, EDDIE
7062 HOLLY ST
ZELLWOOD, FL 32798 US

Name and Address of New Registered Agent:

AVERY, CAPRICE N
P.O BOX 347
PLYMOUTH, FL 32768 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: CAPRICE AVERY

11/07/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CAPRICE AVERY
Address: 3593 HOGSHEAD RD.
City-St-Zip: PLYMOUTH, FL 32768

Title: TRES
Name: CHARLIE, WILLIAMS
Address: P.O BOX 347
City-St-Zip: PLYMOUTH, FL 32768

Title: SEC
Name: CLARK, MARCIA L
Address: 3362 JANET ST.
City-St-Zip: APOPKA, FL 32712

Title: CHAP
Name: AVERY, MINNIE L
Address: 3300 HARRY ST.
City-St-Zip: APOPKA, FL 32712

Title: PAR
Name: BELL, GLADYS F
Address: P.O.BOX 42
City-St-Zip: PLYMOUTH, FL 32768

Title: COR
Name: FRANKS, IRMA
Address: P.O. BOX 347
City-St-Zip: PLYMOUTH, FL 32768

I hereby 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 all other like empowered.

SIGNATURE: CAPRICE AVERY

PRES

11/07/2013

Electronic Signature of Signing Officer or Director

Date