

# 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