

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004510

FILED
Dec 03, 2009
Secretary of State

Entity Name: THIRD PARENT COMMUNITY DEVELOPMENT INC.

Current Principal Place of Business:

1090 WEST 27 ST
RIVIERA BCH, FL 33404

New Principal Place of Business:

Current Mailing Address:

P O BOX 10621
RIVIERA BCH, FL 33419

New Mailing Address:

FEI Number: 80-0080225 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

WILLIAMS, JOHN L
1090 W 27TH ST
RIVIERA BCH, FL 33404 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: JOHN L WILLIAMS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: WILLIAMS, JOHN L
Address: 1090 W 27TH ST
City-St-Zip: RIVIERA BCH, FL 33404

Title: D () Delete
Name: PERRY, TROY F
Address: 1378 N MANGONIA DR
City-St-Zip: W PALM BCH, FL 33401

Title: D () Delete
Name: DURDEN, CLIFFORD
Address: 702 BLVD CHATELAINE E
City-St-Zip: DELRAY BCH, FL 334452211

Title: S () Delete
Name: BERRY, JOANN
Address: 5813 SPRUCE AVE
City-St-Zip: W PALM BCH, FL 33407

Title: T () Delete
Name: BOLDIN, CARL
Address: 361 W 23RD ST
City-St-Zip: RIVIERA BCH, FL 33404

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: JOHN L WILLIAMS

RA

12/03/2009

Electronic Signature of Signing Officer or Director

Date