

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2006
Secretary of State

DOCUMENT# N04000005238

Entity Name: SUWANNEE VALLEY YOUTH ADVOCACY PARTNERSHIP, INC.

Current Principal Place of Business:

200 MARYMAC STREET
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

200 MARYMAC STREET
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 73-1706086 **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:

TAYLOR, MARY
200 MARYMAC ST
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

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: MARY TAYLOR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHNEITMAN, STEVEN LEE JR
Address: 200 MARYMAC ST
City-St-Zip: LIVE OAK, FL 32064

Title: D () Delete
Name: TAYLOR, MARY
Address: 200 MARYMAC ST
City-St-Zip: LIVE OAK, FL 32064

Title: BM () Delete
Name: JORDAN, CAROLYN
Address: 200 MARYMAC ST
City-St-Zip: LIVE OAK, FL 32060

Title: BM () Delete
Name: SCHNEITMAN, JENNA SHEA
Address: 200 MARYMAC ST
City-St-Zip: LIVE OAK, FL 32064

Title: BM () Delete
Name: CODY, BRIAN
Address: 200 MARYMAC ST
City-St-Zip: LIVE OAK, FL 32064

Title: BM () Delete
Name: TAYLOR, LUCAS J
Address: 200 MARYMAC ST
City-St-Zip: LIVE OAK, FL 32064

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY TAYLOR

Electronic Signature of Signing Officer or Director

MS.

10/05/2006

Date