2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# N04000005507

Entity Name: OSNALD CALIZAIRE SR. YOUTH EMPOWERMENT ASSOCIATION, INC.

Current Principal Place of Business:

8951 POLK AVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

MITCHELL COMMUNITY CENTER 1010 ACORN ST.
JACKSONVILLE, FL 32209

Current Mailing Address:

8951 POLK AVE
JACKSONVILLE, FL 32208

New Mailing Address:

11340 V.C. JOHNSON ROAD
JACKSONVILLE, FL 32218

FEI Number: 75-3148556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

COLLINS, KIMBERLY
6037 NORSE DR
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

COLLINS, KIMBERLY D VC
2806 SILVER STREET
#3
JACKSONVILLE, FL 32206 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: KIMBERLY D. COLLINS 03/14/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: CALIZAIRE, OSNALD SR
Address: 8951 POLK AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: VC ( ) Delete
Name: COLLINS, KIMBERLY
Address: 6037 NORSE DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: T ( ) Delete
Name: CALIZAIRE, GREGORY
Address: 1204 GROTHE STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: S ( ) Delete
Name: CALIZAIRE, LEE
Address: 11340 V.C. JOHNSON ROAD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: CALIZAIRE, OSNALD SR
Address: 11340 V.C. JOHNSON ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: VC (X) Change ( ) Addition
Name: COLLINS, KIMBERLY D
Address: 2806 SILVER STREET #3
City-St-Zip: JACKSONVILLE, FL 32206

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: KIMBERLY D. COLLINS VC 03/14/2007
Electronic Signature of Signing Officer or Director Date