

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007084

FILED  
Oct 06, 2005  
Secretary of State

**Entity Name:** COMMUNITY CALENDAR CORPORATION

**Current Principal Place of Business:**

501 WHITEHEAD ST.  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

501 WHITEHEAD ST.  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 20-1417283      **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:**

HENDERSON, ANN  
501 WHITEHEAD ST.  
KEY WEST, FL 33040      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: ANN HENDERSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: HENDERSON, ANN  
Address: 501 WHITEHEAD ST.  
City-St-Zip: KEY WEST, FL 33040

Title: D      ( ) Delete  
Name: KENDRICK, MELISSA  
Address: 501 WHITEHEAD ST.  
City-St-Zip: KEY WEST, FL 33040

Title: D      ( ) Delete  
Name: FEFFER, DAVID  
Address: 501 WHITEHEAD ST.  
City-St-Zip: KEY WEST, FL 33040

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANN HENDERSON

D

10/06/2005

Electronic Signature of Signing Officer or Director

Date