

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000008191

FILED
Oct 27, 2008
Secretary of State

Entity Name: G - MOUNT SOCIAL DEVELOPMENT, INCORPORATION

Current Principal Place of Business:

45031 HISTORICAL LANE
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

45031 HISTORICAL LANE
CALLAHAN, FL 32011

New Mailing Address:

P O BOX 355
CALLAHAN, FL 32011

FEI Number: 61-1476521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUE, TYRONE A
45204 MORGAN CIRCLE
CALLAHAN, FL 32011 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: TYRONE A. BLUE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLUE, TYRONE A
Address: 45204 MORGAN CIRCLE
City-St-Zip: CALLAHAN, FL 32011

Title: V () Delete
Name: GARVIN, WILLIE B
Address: 54047 PELICAN DRIVE
City-St-Zip: CALLAHAN, FL 32011

Title: T () Delete
Name: BLUE, LARRY
Address: 55062 WETLAND WAY
City-St-Zip: CALLAHAN, FL 32011

Title: F () Delete
Name: SIMMONS, CAROLYN
Address: 4245 KEY VEGA COURT
City-St-Zip: JACKSONVILLE, FL 32218

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:

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: TYRONE A. BLUE

P

10/27/2008

Electronic Signature of Signing Officer or Director

Date