

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 05, 2006
Secretary of State**

DOCUMENT# N04000012136

Entity Name: PEOPLE FOR CHANGE, INC.

Current Principal Place of Business:

308 N.W. 10TH ST.
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

617 S.W. 1ST STREET
HALLANDALE BEACH, FL 33009 US

Current Mailing Address:

P. O. BOX 3264
HALLANDALE BEACH, FL 33008

New Mailing Address:

P. O. BOX 3264
HALLANDALE BEACH, FL 33008 US

FEI Number: FEI Number Applied For (X) 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:

DILLARD, TERRI
308 N.W. 10TH ST.
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

DILLARD, TERRI
617 S.W. 1ST STREET
HALLANDALE BEACH, FL 33009 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: TERRI DILLARD

10/05/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DILLARD, TERRI
Address: 308 N.W. 10TH ST.
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SD () Delete
Name: DILLARD, MICKEY
Address: 617 SW 1ST ST.
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D (X) Delete
Name: JACKSON, HUBERT
Address: 800 NW 6TH AVE.
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VD (X) Delete
Name: WRIGHT, MURVIN
Address: 419 NW 10TH ST.
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DILLARD, TERRI
Address: 617 S.W. 1ST STREET
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VPD (X) Change () Addition
Name: DILLARD, MICKEY
Address: 617 SW 1ST ST.
City-St-Zip: HALLANDALE BEACH, FL 33009

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: TERRI DILLARD

PD

10/05/2006

Electronic Signature of Signing Officer or Director

Date