

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000000520

1. Entity Name
HANDS ON NORTHWEST FLORIDA, INC.



2008 DEC 18 AM 10:07

Principal Place of Business
~~213 E YONGE ST~~
~~PENSACOLA, FL 32503~~

Mailing Address
~~213 E YONGE ST~~
~~PENSACOLA, FL 32503~~

2. Principal Place of Business - No P.O. Box #
1301 W. GOVERNMENT ST
Suite, Apt. #, etc.

3. Mailing Address
SAME AS NEW
PRINCIPAL ADDRESS
City & State

City & State
PENSACOLA, FL
Zip
32501
Country
US

Zip Country



4. FEI Number
73-1717215
10162008 REINEMP GR25099 (1/07)
Applicable For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIVEY, LADONNA
~~213 E YONGE ST~~
~~PENSACOLA, FL 32503~~

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
1301 W. GOVERNMENT ST
City PENSACOLA FL Zip Code 32501

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D BOARD CHAIR ☐ Delete
NAME SPIVEY, LADONNA
STREET ADDRESS 213 E YONGE ST
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE D ☒ Delete
NAME MAYNARD, DARLENE
STREET ADDRESS 213 E YONGE ST
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE D BOARD VICE CHAIR ☐ Delete
NAME VAN GALEN, DEAN
STREET ADDRESS 213 E YONGE ST
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE D ☒ Delete
NAME WOODS, ROBIN
STREET ADDRESS 213 E YONGE ST
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE BARB RAMOS ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300137931683
CITY-ST-ZIP 11/14/08--01051--003 **\$1.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 1301 W. GOVERNMENT ST
STREET ADDRESS PENSACOLA, FL 32501
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER ☐ Change ☒ Addition
NAME MARK RAMOS
STREET ADDRESS 1301 W. GOVERNMENT ST
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE TRUDY O'BRIEN ☐ Change ☒ Addition
NAME 1301 W GOVERNMENT ST
STREET ADDRESS PENSACOLA, FL 32501
CITY-ST-ZIP SECRETARY

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/08
Date

Daytime Phone #