

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000002355

FILED  
Sep 29, 2007  
Secretary of State

**Entity Name:** TAMPA BAY ALL CARING COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

TBACCS, INC.  
1310 22ND AVE S  
ST PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 2908  
ST PETERSBURG, FL 33731

**New Mailing Address:**

**FEI Number:** 27-0088393      **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:**

SUNNERVILLE, ANDREE C  
1310 22ND AVE S  
ST PETERSBURG, FL 33705      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: ANDREE SUNNERVILLE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SUNNERVILLE, ANDREE  
Address: P.O.BOX 2908  
City-St-Zip: ST PETERSBURG, FL 33731

Title: D      ( ) Delete  
Name: LOCKELY, LORIE  
Address: P.O.BOX 2908  
City-St-Zip: ST PETERSBURG, FL 33731

Title: T      ( ) Delete  
Name: STOKES, ANDREA  
Address: P.O.BOX 2908  
City-St-Zip: ST PETERSBURG, FL 33731

Title: VD      ( ) Delete  
Name: SUNNERVILLE, BEVERLY  
Address: P.O.BOX 2908  
City-St-Zip: ST PETERSBURG, FL 33731

Title: SD      ( ) Delete  
Name: BRYANT, VIVIAN  
Address: P.O.BOX 2908  
City-St-Zip: ST PETERSBURG, FL 33731

Title: D      ( ) Delete  
Name: IRBY, DANIELLE  
Address: P.O.BOX 2908  
City-St-Zip: ST PETERSBURG, FL 33731

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ED      (X) Change ( ) Addition  
Name: SUNNERVILLE, ANDREE  
Address: P.O.BOX 2908  
City-St-Zip: ST PETERSBURG, FL 33731

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:

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: ANDREE SUNNERVILLE

ED

09/29/2007

Electronic Signature of Signing Officer or Director

Date