

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000003797

**FILED**  
**Feb 23, 2007**  
**Secretary of State**

**Entity Name:** COMMUNITIES IN SCHOOLS OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

3427 W GONZALEZ STREET  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 17441  
PENSACOLA, FL 325227441

**New Mailing Address:**

**FEI Number:** 20-2670590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WOODS, ROBIN  
3427 W GONZALEZ STREET  
PENSACOLA, FL 32505 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: ROBIN WOODS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BELL, HONOR SR.  
Address: 6073 SPANISH OAK DRIVE  
City-St-Zip: PENSACOLA, FL 32526

Title: VP ( ) Delete  
Name: SHIRER, RAMONA  
Address: P O BOX 3508  
City-St-Zip: MILTON, FL 32572

Title: ST ( ) Delete  
Name: WOODS, ROBIN  
Address: 3427 W GONZALEZ STREET  
City-St-Zip: PENSACOLA, FL 32505

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P (X) Change ( ) Addition  
Name: GROVE, JENNIFER  
Address: ONE ENERGY PLACE  
City-St-Zip: PENSACOLA, FL 32520

Title: VP (X) Change ( ) Addition  
Name: WEEKS, JEFF  
Address: 501 COMMENDENCIA ST  
City-St-Zip: PENSACOLA, FL 32502

Title: S (X) Change ( ) Addition  
Name: SPEAR, KIMBERLY  
Address: 11000 UNIVERSITY PARKWAY  
City-St-Zip: PENSACOLA, FL 32514

Title: T ( ) Change (X) Addition  
Name: MCLAUGHLIN, LEA  
Address: 316 S. BAYLEN ST  
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Change (X) Addition  
Name: WOODS, ROBIN  
Address: 3427 W GONZALEZ ST  
City-St-Zip: PENSACOLA, FL 32505

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: ROBIN WOODS

D

02/23/2007

Electronic Signature of Signing Officer or Director

Date