

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004839

FILED
Oct 10, 2006
Secretary of State

Entity Name: THE WEST CENTRAL FLORIDA CHAPTER OF CONCERNS OF POLICE

SURVIVORS, INC.

Current Principal Place of Business:

13562 LK MAGDALENE DR
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

13562 LK MAGDALENE DR
TAMPA, FL 33613

New Mailing Address:

P.O. BOX 25213
TAMPA, FL 33622

FEI Number: 06-1733527 **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:

MATHENY, GERRI
13562 LK MAGDALENE DR
TAMPA, FL 33613 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: GERRI MATHENY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLARK, MELODY
Address: 8810 CITRUS 304 VILLAGE DR. #304
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: GAMMANS, CAROL
Address: 725 HARBOUR POST DR., #2309
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: MATHENY, GERRI
Address: 13562 LAKE MAGDALENE DR
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: DOANE, PEGGY
Address: 3109 W. SAN PEDRO ST
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: BATISTA, ROBERTO
Address: 725 HARBOR POST DR., #2309
City-St-Zip: TAMPA, FL 33602

Title: D (X) Delete
Name: DOANE, LIZA
Address: 1662 FIELDFARE CT.
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ZURITA, MARIA
Address: 4101 S. DREXEL AVE
City-St-Zip: TAMPA, FL 33611

Title: D (X) Change () Addition
Name: MATHENY, GERRI
Address: 13562 LAKE MAGDALENE DR
City-St-Zip: TAMPA, FL 33613

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 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: MARIA ZURITA

D

10/10/2006

Electronic Signature of Signing Officer or Director

Date