

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004839

FILED
Aug 28, 2009
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:

10313 TAPESTRY KEY CT.
RIVERVIEW, FL 33578

Current Mailing Address:

P.O. BOX 25213
TAMPA, FL 33622

New Mailing Address:

P. O. BOX
TAMPA, FL 33675

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:

BATISTA, ROBERTO
10313 TAPESTRY KEY CT.
RIVERVIEW, FL 33578 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: ROBERTO BATISTA

08/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: TREA () Delete
Name: ZURITA, MARIA
Address: 4101 S DREXEL AVE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BATISTA, ROBERTO
Address: 10313 TAPESTRY KEY CT.
City-St-Zip: RIVERVIEW, FL 33578

Title: VP (X) Change () Addition
Name: JENKINS, FRANC
Address: 1613 TREASURE DR.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TREA (X) Change () Addition
Name: YOST, MARK
Address: 8315 QUAIL RUN DR.
City-St-Zip: WESLEY CHAPEL, FL 33544

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: ROBERTO BATISTA

PRES

08/28/2009

Electronic Signature of Signing Officer or Director

Date