

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000006895

FILED
Aug 10, 2008
Secretary of State

Entity Name: DR. WILLIE MCHENRY COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

2881 NW 13TH STREET
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2881 NW 13TH STREET
POMPANO BEACH, FL 33069

New Mailing Address:

P.O BOX 667015
POMPANO BEACH, FL 33066

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

MCHENRY, QUEEN O
2881 NW 13TH STREET
POMPANO BEACH, FL 33069 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: QUEEN MCHENRY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCHENRY, QUEEN O
Address: 2581 N.W. 12TH STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: DV () Delete
Name: RUSSELL, CHARLIE
Address: 4145 N.W. 59TH STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: DT () Delete
Name: SPENCER, DELTON D
Address: 1010 N.W. 23RD TERRACE
City-St-Zip: POMPANO BEACH, FL 33069

Title: DS () Delete
Name: ROBERTS, LEONARDA
Address: 701 N.W. 23RD TERRACE
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: WILLIAMS, VELMINA
Address: 150 NE 6TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: QUEEN MCHENRY

DP

08/10/2008

Electronic Signature of Signing Officer or Director

Date