

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000007472

FILED
Nov 26, 2007
Secretary of State

Entity Name: TRIPLE THREAT YOUTH EMPOWERMENT SERVICES, INC.

Current Principal Place of Business:

1788 WOODENRAIL LANE
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

PO BOX 550645
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-3081114 **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:

GIBSON, MONICA
1788 WOODENRAIL LANE
JACKSONVILLE, FL 32225 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: MONICA GIBSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOPKINS, ELSIE
Address: 5064 FINCH AVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: S () Delete
Name: KAHAN, DORSELLE
Address: 977 YARDLEY CT
City-St-Zip: JACKSONVILLE, FL 322221

Title: S () Delete
Name: COVINGTON, CHRISTINA
Address: 8854 OXFORDSHIRE DR
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: GIBSON, MONICA
Address: 1668 TUTBURY CT
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: ALLEN, JUDY
Address: 1788 WOODENRAIL LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: T () Delete
Name: HOPKINS, ELSIE
Address: 5064 FINCH AVE
City-St-Zip: JACKSONVILLE, FL 32219

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:

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: MONICA GIBSON

D

11/26/2007

Electronic Signature of Signing Officer or Director

Date