2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000012435

FILED Nov 29, 2006 Secretary of State

Entity Name: MEDULLA COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business: New Principal Place of Business: 1049 PARKER RD LAKELAND, FL 338112650 **Current Mailing Address: New Mailing Address:** 1049 PARKER RD LAKELAND, FL 338112650 FEI Number: 16-1747781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GHENT, GARY 5533 IVÓRY LANE LAKELAND, FL 33811 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: GARY GHENT Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GHENT, GARY Name: Name: 5533 IVORY LANE Address: Address: City-St-Zip: LAKELAND, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: WILLIAMS, JANET Name: Address: 5609 OLD HWY 37 Address: City-St-Zip: LAKELAND, FL City-St-Zip: Title: () Delete Title: 2VP (X) Change () Addition TAYLOR-LEE, PAT TAYLOR-HARDEE, PAT Name: Name: 893 SCHOOLHOUSE RD 893 SCHOOLHOUSE RD Address: Address: City-St-Zip: LAKELAND, FL City-St-Zip: LAKELAND, FL Title: () Delete Title: (X) Change () Addition Name: SMITH, GWENDOLYN Name: SMITH, GWENDOLYN 5421 SIMMONS RD Address: Address: 5421 SIMMONS RD City-St-Zip: HIGHLAND CITY, FL City-St-Zip: LAKELAND, FL Title: () Delete Title: () Change () Addition AUSTILE, DIANE Name: Name: 869 SCHOOLHOUSE RD Address: Address: City-St-Zip: LAKELAND, FL 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: GARY GHENT P 11/29/2006