

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N06000000770

**FILED**  
**May 11, 2011**  
**Secretary of State**

**Entity Name:** M.A.C. HELP CENTER FOR THE POOR INC.

**Current Principal Place of Business:**

6240 DODD RD  
GREENACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

6240 DODD RD  
GREENACRES, FL 33463

**New Mailing Address:**

**FEI Number:** 20-8908831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JEAN, FERNANDE  
6240 DODD RD  
GREENACRES, FL 33463 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:** DIRLOU GARNIER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** JEAN, FERNANDE  
**Address:** 6582 SPRING MEADOW DR  
**City-St-Zip:** GREENACRES, FL 33413

**Title:** T  
**Name:** GARNIER, DIRLOU  
**Address:** 6344 HARBOUR CLUB DR  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** D  
**Name:** JEAN, ROBERT J  
**Address:** 6582 SPRING MEADOW DR  
**City-St-Zip:** GREENACRES, FL 33463

I hereby 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 all other like empowered.

**SIGNATURE:** DIRLOU GARNIER

T

05/11/2011

Electronic Signature of Signing Officer or Director

Date