

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000000955

FILED
Jan 06, 2009
Secretary of State

Entity Name: FOR US BY US OF MANATEE COUNTY, INC

Current Principal Place of Business:

215 18TH STREET EAST
PALMETTO, FL 34421

New Principal Place of Business:

Current Mailing Address:

215 18TH STREET EAST
PALMETTO, FL 34421

New Mailing Address:

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:

WOODSON, MARGIE
215 18TH STREET EAST
PALMETTO, FL 34221 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: MARGIE G. WOODSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOODSON, MARGIE
Address: 11438 WALDEN LOOP
City-St-Zip: PARRISH, FL 34219

Title: VP () Delete
Name: TAYLOR, MAGGIE
Address: P.O. BOX 562
City-St-Zip: PALMETTO, FL 34220

Title: SEC () Delete
Name: GILLEY, CHANEL
Address: 2406 COCOANUT AVE
City-St-Zip: SARASOTA, FL 34243

Title: T () Delete
Name: SAMUEL, CYNTHIA
Address: 13562 US 301
City-St-Zip: PARRISH, FL 34219

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:

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: MARGIE G. WOODSON

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date