

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

DOCUMENT# N06000001006

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Entity Name:** REFRESHING SPRINGS COMMUNITY DEVELOPMENT CENTER, INC.

**Current Principal Place of Business:**

11437 SWORDFISH DRIVE  
JACKSONVILLE, FL 322183646

**New Principal Place of Business:**

10367 MONACO DRIVE  
JACKSONVILLE, FL 322183646

**Current Mailing Address:**

11437 SWORDFISH DRIVE  
JACKSONVILLE, FL 322183646

**New Mailing Address:**

**FEI Number:** 43-2098177      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MASTER, DOUG  
11437 SWORDFISH DRIVE  
JACKSONVILLE, FL 322183646 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:** DOUG MASTER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PC  
**Name:** MASTER, DOUG  
**Address:** 11437 SWORDFISH DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 322183646

**Title:** TD  
**Name:** MASTER, ESMIN M  
**Address:** 11437 SWORDFISH DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 322183646

**Title:** VD  
**Name:** HIGGS, TIFFANY N  
**Address:** 7651 RUDY COURT  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** SD  
**Name:** WEST, EUNICE  
**Address:** 6723 NEWGATE CIRCLE E  
**City-St-Zip:** JACKSONVILLE, FL 32216

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:** DOUG MASTER

PC

03/02/2011

Electronic Signature of Signing Officer or Director

Date