

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 NOV -7 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000002849



1. Entity Name
**THE LIFESOURCE ECONOMIC AND COMMUNITY
DEVELOPMENT CORPORATION OF JEFFERSON
COUNTY, INC.**

Principal Place of Business
**262 SUNDANCE DR
MONTICELLO, FL 32344**

Mailing Address
**262 SUNDANCE DR
MONTICELLO, FL 32344**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11072007 REIN-NP

CR2E099 (1/07)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JACOBS, E. LEON JR. ESQ
WILLIAMS, JACOBS & ASSOCIATES
1720 S GADSDEN ST. MS 14 - STE 211
TALLAHASSEE, FL 32304~~

Name **Jacqueline L. Carpenter**
Street Address (P.O. Box Number is Not Acceptable)
262 Sundance Drive
Monticello, Florida 32344
City **FL** Zip Code **32344**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Nov. 7, 2007

**FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	CARPENTER, JACQUELINE	
STREET ADDRESS	262 SUNDANCE DR	
CITY-ST-ZIP	MONTICELLO, FL 32344	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, RAYNELL	
STREET ADDRESS	418 1/2 W 8TH AVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	B	<input checked="" type="checkbox"/> Delete
NAME	WHITE, CAROLYN	
STREET ADDRESS	3866 W WASHINGTON ST	
CITY-ST-ZIP	MONTICELLO, FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNYDER, CHARLOT	
STREET ADDRESS	2427 CAPITAL CIR NE - STE F	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARNHART, WILLARD	
STREET ADDRESS	68 BARNHART RD	
CITY-ST-ZIP	MONTICELLO, FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CEO/Pres Agent	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacqueline Carpenter	
STREET ADDRESS	262 Sundance Drive	
CITY-ST-ZIP	Monticello, Florida 32344	
TITLE	President Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Priella Mc Giff	
STREET ADDRESS	27 Charles Willis Dr.	
CITY-ST-ZIP	Monticello, Florida 32343	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT

07

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jacqueline L. Carpenter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 7, 2007
Date

Daytime Phone #