

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000002950

FILED
Oct 27, 2008
Secretary of State

Entity Name: LEND-A-HAND NIE-TALLAHASSEE INC.

Current Principal Place of Business:

277 N MAGNOLIA DR
TALLAHASSEE, FL 32302

New Principal Place of Business:

277 N MAGNOLIA DR
TALLAHASSEE, FL 32301

Current Mailing Address:

277 N MAGNOLIA DR
TALLAHASSEE, FL 32302

New Mailing Address:

277 N MAGNOLIA DR
TALLAHASSEE, FL 32301

FEI Number: 20-4507294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

DUNCAN, CHRYS I
277 N MAGNOLIA DR
TALLAHASSEE, FL 32302 US

Name and Address of New Registered Agent:

DUNCAN, CHRYS I
277 N MAGNOLIA DR
TALLAHASSEE, FL 32301 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: CHRYS IVY DUNCAN

10/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DORSEY, PATRICK E
Address: 277 N MAGNOLIA DR
City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete
Name: JARRETT, CARROLL
Address: 277 N MAGNOLIA DR
City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete
Name: DUNCAN, CHRYS I
Address: 277 N MAGNOLIA DR
City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete
Name: ROPER, SHENA
Address: 277 N MAGNOLIA DR
City-St-Zip: TALLAHASSEE, FL 32302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHAW, YVONNE
Address: 277 N MAGNOLIA DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEPORIN, ELIZA
Address: 277 N MAGNOLIA DR
City-St-Zip: TALLAHASSEE, FL 32301

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: YVONNE P. SHAW

D

10/27/2008

Electronic Signature of Signing Officer or Director

Date