

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000003225

FILED  
Jan 03, 2013  
Secretary of State

**Entity Name:** LEE COUNTY HOMELESS VETERANS OUTREACH, INC.

**Current Principal Place of Business:**

ALL SOULS CHURCH  
ROUTE #41  
NORTH FORT MYERS, FL 33903

**New Principal Place of Business:**

ALL SOULS CHURCH  
14640 NORTH CLEVELAND AVE  
NORTH FORT MYERS, FL 33903 US

**Current Mailing Address:**

1207 SE 30TH TERRACE  
CAPE CORAL, FL 33904

**New Mailing Address:**

1207 SE 30TH TERRACE  
CAPE CORAL, FL 33904 US

**FEI Number:** 33-1135702

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CACCIOLFI, SARA  
1207 S.E. 30TH TERRACE  
CAPE CORAL, FL 33904 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: SARA CACCIOLFI

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CACCIOLFI, SARA  
Address: 1207 S.E. 30TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: TREA  
Name: MEYER, PHYLLIS  
Address: 1125 SE 30TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VP  
Name: MULVEY, JACK  
Address: 89 JOSE GASPER DR.  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: SECY  
Name: YERIAN, JOAN  
Address: 5567 SIR WALTERS WAY  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

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: JOAN K YERIAN

SECY

01/03/2013

Electronic Signature of Signing Officer or Director

Date