2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000006861

FILED Sep 27, 2010 Secretary of State

Entity Name: CLAY COUNTY VICTIM SERVICES CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

1403 IDLEWILD AVENUE

GREEN COVE SPRINGS, FL 32043

Current Mailing Address: New Mailing Address:

P.O. BOX 926

GREEN COVE SPRINGS, FL 32043

FEI Number: 83-0459460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NICHOLS, ESTHER D 1329 KINGSLEY AVENUE SUITE D

ORANGE PARK, FL 32073 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: ESTHER D. NICHOLS, CPA

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S

Name: SIMPSON, JANIE

Address: 1887 OSPREY BLUFF BLVD. City-St-Zip: ORANGE PARK, FL 32003

Title: F

 Name:
 MCCALL, DAVID

 Address:
 1512 BROOKSTONE DR

 City-St-Zip:
 ORANGE PARK, FL 32003

Title: TRS

Name: NICHOLS, ESTHER D Address: 1329 KINGSLEY AVE, STE D City-St-Zip: ORANGE PARK, FL 32073

Title: BM

Name: BUCCI, JOE

Address: 2667 BLUEWAVE DRIVE City-St-Zip: MIDDLEBURG, FL 32068

Title: BM

 Name:
 KALLAHER, JIM

 Address:
 4711 US HWY 17

 City-St-Zip:
 ORANGE PARK, FL 32003

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: ESTHER D. NICHOLS, CPA TRS 09/27/2010