

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N06000011825

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** STOP THE MADNESS OUTREACH, INC.

**Current Principal Place of Business:**

1160 W DE SOTO STREET  
CLERMONT, FL 34711

**New Principal Place of Business:**

1040 SCHOOL STREET  
CLERMONT, FL 34711

**Current Mailing Address:**

106 CARLYLE STREET  
MINNEOLA, FL 34715

**New Mailing Address:**

P O BOX 715  
MINNEOLA, FL 34715

**FEI Number:** 51-0622203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CLARK, SANDETA  
106 CARLYLE STREET  
MINNEOLA, FL 34715 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:** SANDETA CLARK

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PTD  
**Name:** CLARK, SANDETA  
**Address:** 106 CARLYLE STREET  
**City-St-Zip:** MINNEOLA, FL 34715

**Title:** SD  
**Name:** IVORY, DENISE  
**Address:** 429 CIERRA OAK CIRCLE  
**City-St-Zip:** LADY LAKE, FL 32159

**Title:** VD  
**Name:** GILLIAN, GLORIA  
**Address:** 1817 WAKE FOREST AVE  
**City-St-Zip:** CLERMONT, FL 34711

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:** SANDETA CLARK

PTD

04/26/2012

Electronic Signature of Signing Officer or Director

Date