

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000012851

FILED
Feb 17, 2009
Secretary of State

Entity Name: NERIS JAMES RECREATION AND YOUTH OUTREACH CENTER, INC.

Current Principal Place of Business:

235 S. SEMINOLE AVE.
LAKE ALFRED, FL 33850

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 603
LAKE ALFRED, FL 33850

New Mailing Address:

FEI Number: 20-4637625 **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:

THORNTON, YVETTE
235 S. SEMINOLE AVE.
LAKE ALFRED, FL 33850 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: YVETTE THORNTON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THORNTON, YVETTE
Address: 235 S. SEMINOLE AVE.
City-St-Zip: LAKE ALFRED, FL 33850

Title: VD () Delete
Name: THORNTON, CHERYL
Address: 575 E. LEMON AVE.
City-St-Zip: LAKE ALFRED, FL 33850

Title: D () Delete
Name: THORNTON, YVONNE
Address: 650 E. MIDWAY AVE.
City-St-Zip: LAKE ALFRED, FL 33850

Title: D () Delete
Name: JAMES, ANTHONY
Address: 118 ROYAL BURGESS WAY
City-St-Zip: MCDONOUGH, GA 30253

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: JOSEPH, WELLMAN C JR
Address: 235 S. SEMINOLE AVE.
City-St-Zip: LAKE ALFRED, FL 33850 US

Title: D () Change (X) Addition
Name: ANTHONY, PIERCE
Address: 575 E. LEMON AVE.
City-St-Zip: LAKE ALFRED, FL 33850 US

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: YVETTE THORNTON

PD

02/17/2009

Electronic Signature of Signing Officer or Director

Date