

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

DOCUMENT# N07000005462

**FILED**  
**Oct 23, 2012**  
**Secretary of State**

**Entity Name:** SAINT PAUL'S COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

2601 AVE P  
FORT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

2601 AVE P  
FORT PIERCE, FL 34947

**New Mailing Address:**

**FEI Number:** 64-0964133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CURRY, LEONARD  
506 NW GALATONE CT  
PORT ST. LUCIE, FL 34986 US

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

GAINES, SAMUEL S  
1505 AVENUE Q  
FORT PIERCE, FL 34950 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: SAMUEL S GAINES

10/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PETERS, SHELTON V  
Address: 1104 DRIFTWOOD LANE  
City-St-Zip: FORT PIERCE, FL 34982

Title: S  
Name: JOHNSON, GLORIA M  
Address: 1511 N 25TH STREET  
City-St-Zip: FORT PIERCE, FL 34947

Title: T  
Name: DAVIS, FELICIA S  
Address: 1703 NORTH 27TH STREET  
City-St-Zip: FORT PIERCE, FL 34947

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: SHELTON V PETERS

P

10/23/2012

Electronic Signature of Signing Officer or Director

Date