2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2009
Secretary of State

DOCUMENT# N07000009568

Entity Name: YESS! OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

330 IVY STREET
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2678
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: 26-1113275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

KENNEDY, TAZENA E
330 IVY STREET
JACKSONVILLE, FL 32206 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: TAZENA KENNEDY

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSON, RODNEY
Address: 3000 RHONE COURT
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: VP ( ) Delete
Name: BROWN, DAYAN S
Address: 3653 WEST 15TH STREET
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: TREA ( ) Delete
Name: BROWN, SHAKITA J
Address: 1817 EAST 25TH STREET
City-St-Zip: JACKSONVILLLE, FL 32206 US

Title: SECT ( ) Delete
Name: NORRIS, CHARLENE
Address: P.O. BOX 2678
City-St-Zip: JACKSONVILLE, FL 32203 US

Title: PARL ( ) Delete
Name: ROMINA, KELLAM
Address: 2755 SUNNY ACRES DRIVE N
City-St-Zip: JACKSONVILLE, FL 32209 US

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

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

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: RODNEY JOHNSON PRES 10/07/2009

Electronic Signature of Signing Officer or Director — Date