

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N08000001516

**FILED**  
**Sep 07, 2011**  
**Secretary of State**

**Entity Name:** BROOKLYN COMMUNITY DEVELOPMENT FOUNDATION, INC.

**Current Principal Place of Business:**

10255 F.A. ASH WAY  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 789  
PERRY, FL 32348

**New Mailing Address:**

**FEI Number:** 26-3210128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCBRIDE, DONALD L REVEREN  
10255 F.A. ASH WAY  
TALLAHASSEE, FL 32311 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:** DONALD L. MCBRIDE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MCBRIDE, DONALD L REVEREN  
**Address:** 10255 F.A. ASH WAY  
**City-St-Zip:** TALLAHASSEE, FL 32311

**Title:** S  
**Name:** JONES, SARAH E  
**Address:** 101 WEST ARMSTRONG STREET  
**City-St-Zip:** PERRY, FL 32348

**Title:** T  
**Name:** ROLLINGS, ESTIC S  
**Address:** 906 WEST SHORT STREET  
**City-St-Zip:** PERRY, FL 32348

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:** DONADL L. MCBRIDE

PRES

09/07/2011

Electronic Signature of Signing Officer or Director

Date