## 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N08000004030

FILED Jan 13, 2010 Secretary of State

Entity Name: DOMESTIC VIOLENCE TASK FORCE, INC.

Current Principal Place of Business: New Principal Place of Business:

411 S. 2ND STREET C/O THE OFFICE OF THE STATE ATTORNEY FORT PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

P.O. BOX 8594 P.O. BOX 3589

PORT ST. LUCIE, FL 349858594 FORT PIERCE, FL 349483589

FEI Number: 26-2569575 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: Name and Address of New Registered Agent:

KIRBY, CHERYL O'NEIL, DONNA 411 S. 2ND STREET 2155 33RD AVE.

C/O THE OFFICE OF THE STATE ATTORNEY VERO BEACH, FL 32960 US

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: DONNA O'NEIL 01/13/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: F

Name: KIRBY, CHERYL Address: P.O. BOX 3589

City-St-Zip: FORT PIERCE, FL 349483589

Title: VP

Name: BOROWICZ, JILL Address: P.O. BOX 3589

City-St-Zip: FORT PIERCE, FL 349483589

Title: S

Name: SHARP, ARLINE Address: P.O. BOX 3589

City-St-Zip: FORT PIERCE, FL 349483589

Title: T

Name: O'NEIL, DONNA Address: P.O. BOX 3589

City-St-Zip: FORT PIERCE, FL 349483589

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: DONNA O'NEIL T 01/13/2010