

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000003682

FILED
May 02, 2011
Secretary of State

Entity Name: SAINT JAMES RECOVERY AND MASTER FAMILIES TRANSITIONAL HOUSING, INC.

Current Principal Place of Business:

220 ROSS DR.
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

220 ROSS DR.
DELRAY BEACH, FL 33445

New Mailing Address:

POST OFFICE BOX 6844
DELRAY BEACH, FL 33482

FEI Number: 26-4509381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEXTER, PATRICIA
220 ROSS DR
DELRAY BEACH, FL 33445 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: SERA BARBER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: RICHARD, DANA
Address: 81320 OKEECHOBEE BLVD STE A
City-St-Zip: W PALM BEACH, FL 33411

Title: TD
Name: DEXTER, PATRICIA
Address: 964 W. 6TH ST.
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D
Name: PEARL, THOMAS-WILSON
Address: 6362 SIMENOLE CIRCLE
City-St-Zip: LANTANA, FL 33463

Title: S
Name: JACKSON, KIZZI
Address: 964 W 6TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: T
Name: BARBER, SERA
Address: 964 W 6TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

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: SERA BARBER

T

05/02/2011

Electronic Signature of Signing Officer or Director

Date