

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000005779

FILED
Oct 29, 2010
Secretary of State

Entity Name: NORTHEAST FLORIDA POST ADOPTIVE SUPPORT GROUP INC

Current Principal Place of Business:

3027 SAN DIEGO RD
JACKSONVILLE, FL 32247

New Principal Place of Business:

Current Mailing Address:

3027 SAN DIEGO RD
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 27-0352976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRELL, CANDACE E
12815 DUNNS VIEW DR
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

STAYTON, CANDACE E
12815 DUNNS VIEW DR
JACKSONVILLE, FL 32218 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: CANDACE E STAYTON

10/29/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: STAYTON, CANDACE E
Address: 12815 DUNNS VIEW DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: S
Name: REGISTER, VICTORIA A
Address: 3924 SARAH BROOK CT
City-St-Zip: JACKSONVILLE, FL 32277

Title: BOD
Name: BROWN, TERESA
Address: 3027 SAN DIEGO ROAD
City-St-Zip: JACKSONVILLE, FL 32247

Title: BOD
Name: PEARSON, SHERRY
Address: 3027 SAN DIEGO ROAD
City-St-Zip: JACKSONVILLE, FL 32247

Title: BOD
Name: MULLINS, BOBBI
Address: 3027 SAN DIEGO ROAD
City-St-Zip: JACKSONVILLE, FL 32247

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: CANDACE E STAYTON

P

10/29/2010

Electronic Signature of Signing Officer or Director

Date