

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000009584

FILED  
Sep 29, 2010  
Secretary of State

**Entity Name:** THE CIRCLE OF HOPE FOR INMATES, INC.

**Current Principal Place of Business:**

632 ORIOLE DRIVE  
LAKELAND, FL 33803 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2415  
EATON PARK, FL, 33840 US

**New Mailing Address:**

PO BOX 2415  
EATON PARK, FL 33840 US

**FEI Number:** 27-1031244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SPRADLIN, GINA M  
632 ORIOLE DRIVE  
LAKELAND, FL 33803 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:** GINA M SPRADLIN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WRIGHT, TARYN D  
**Address:** 14210 NW 75TH AVE.  
**City-St-Zip:** TRENTON, FL 32693 US

**Title:** VP  
**Name:** GROVES, WILLIAM  
**Address:** 22600 HARDEN BLVD. #252  
**City-St-Zip:** LAKELAND, FL 33803 US

**Title:** T  
**Name:** DOWNES, SHIRLEY  
**Address:** 2256 ELLIE RD.  
**City-St-Zip:** AUBURNDALE, FL 33823 US

**Title:** S  
**Name:** CHAMBERS, AMANDA  
**Address:** 228 TRAILVIEW WAY  
**City-St-Zip:** POLK CITY, FL 33868 US

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:** GINA M SPRADLIN

D

09/29/2010

Electronic Signature of Signing Officer or Director

Date