

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000011865

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** THE PEOPLE UNITED OF HAMILTON COUNTY, INC.

**Current Principal Place of Business:**

1150 NW US HWY. 41, SUITE 10  
JASPER, FL 32052

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 832  
JASPER, FL 32052

**New Mailing Address:**

P. O. BOX 1754  
JASPER, FL 32052

**FEI Number:** 27-1173039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, LEONARD T  
11150 NW US HWY. 41, SUITE 10  
JASPER, FL 32052 US

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

JOHNSON, PAMELA D  
11150 NW US HWY. 41, SUITE 10  
JASPER, FL 32052 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: PAMELA D. JOHNSON

01/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JOHNSON, PAMELA D  
Address: 1521 SW 4TH STREET  
City-St-Zip: JASPER, FL 32052

Title: VD  
Name: JOHNSON, LEE M  
Address: 1521 SW 4TH STREET  
City-St-Zip: JASPER, FL 32052

Title: SD  
Name: GAINES, YOLANDA  
Address: P. O. BOX 1644  
City-St-Zip: JASPER, FL 32052

Title: TD  
Name: DANIELS, BARBARA  
Address: P. O. BOX 1421  
City-St-Zip: JASPER, FL 32052

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: PAMELA D. JOHNSON

PD

01/17/2012

Electronic Signature of Signing Officer or Director

Date