

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000006671

**FILED**  
**Jan 16, 2014**  
**Secretary of State**

**Entity Name:** DOWN SYNDROME NETWORK OF TAMPA BAY INC

**Current Principal Place of Business:**

1319 REGINA DR W  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

1319 REGINA DR W  
LARGO, FL 33770

**New Mailing Address:**

**FEI Number:** 27-3059495

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LAWYER, SHIRLEY  
1319 REGINA DR W  
LARGO, FL 33770 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:** SHIRLEY LAWYER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LAWYER, SHIRLEY  
**Address:** 1319 REGINA DR W  
**City-St-Zip:** LARGO, FL 33770

**Title:** VP  
**Name:** MILLIRON, VICKI  
**Address:** 1837 FEATHER TREE CIR  
**City-St-Zip:** CLEARWATER, FL 33765

**Title:** TREA  
**Name:** TISON, CLAY  
**Address:** 7401 1ST ST NE  
**City-St-Zip:** ST. PETERSBURG, FL 33702

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:** SHIRLEY LAWYER

P

01/16/2014

Electronic Signature of Signing Officer or Director

Date