

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000007427

FILED
Oct 14, 2011
Secretary of State

Entity Name: COLLABORATION OF COMMUNITY ORGANIZATION, INC.

Current Principal Place of Business:

4051 G BARRANCAS AVE
283
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

4051 G BARRANCAS AVE
283
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 90-0535493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, LAWRENCE S
4051 G BARRANCAS AVE
283
PENSACOLA, FL 32507 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: LAWRENCE S. POWELL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: POWELL, LAWRENCE S
Address: 4051 G BARRANCAS AVE STE 283
City-St-Zip: PENSACOLA, FL 32507

Title: P
Name: FOX, KATHERYN
Address: 4051 G BARRANCAS AVE STE 283
City-St-Zip: PENSACOLA, FL 32507

Title: VP
Name: DAVIS, MARCEL
Address: 4051 G BARRANCAS AVE STE 283
City-St-Zip: PENSACOLA, FL 32507

Title: T
Name: PRIMM, EDWARD
Address: 4051 G BARRANCAS AVE STE 283
City-St-Zip: PENSACOLA, FL 32507

Title: S
Name: PRIMM, SHACHONDRIA
Address: 4051 G BARRANCAS AVE STE 283
City-St-Zip: PENSACOLA, FL 32507

Title: IT
Name: GANT, EVELYN D
Address: 4051 G BARRANCAS AVE STE 283
City-St-Zip: PENSACOLA, FL 32507

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: LAWRENCE S. POWELL

CEO

10/14/2011

Electronic Signature of Signing Officer or Director

Date