

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

DOCUMENT# N10000010137

**FILED**  
**Oct 29, 2012**  
**Secretary of State**

**Entity Name:** NOUVEAU, WOMEN OF CHANGE, INC.

**Current Principal Place of Business:**

1858 BAY OAKS CIRCLE  
MILTON, FL 32583

**New Principal Place of Business:**

5682 MAGGIE ROSE CIR  
MILTON, FL 32570

**Current Mailing Address:**

1858 BAY OAKS CIRCLE  
MILTON, FL 32583

**New Mailing Address:**

5682 MAGGIE ROSE CIR  
MILTON, FL 32570

**FEI Number:** 27-3641329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SLACK, SHONDALYN  
1858 BAY OAKS CIRCLE  
MILTON, FL 32583 US

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

SLACK, SHONDALYN  
5682 MAGGIE ROSE CIRCLE  
MILTON, FL 32570 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: SHONDALYN SLACK

10/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SLACK, SHONDALYN  
Address: 5682 MAGGIE ROSE CIRCLE  
City-St-Zip: MILTON, FL 32570

Title: D  
Name: ANDREWS, DAWN  
Address: 2409 W AVERY ST  
City-St-Zip: PENSACOLA, FL 32505

Title: D  
Name: ROBINSON, SHARON  
Address: PO BOX 215  
City-St-Zip: CENTURY, FL 32535

Title: D  
Name: BOGGAN, ALAINA  
Address: 7095 WYMART RD  
City-St-Zip: PENSACOLA, FL 32526

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: SHONDALYN SLACK

PRES

10/29/2012

Electronic Signature of Signing Officer or Director

Date