

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000011166

**FILED**  
**Jan 25, 2013**  
**Secretary of State**

**Entity Name:** VOICES OF SURVIVAL, INC.

**Current Principal Place of Business:**

655 33RD AVE N  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

655 33RD AVE N  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

GONZALEZ-TIERNAN, ZULEIKA  
655 33RD AVE N  
ST. PETERSBURG, FL 33704      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: ZULEIKA GONZALEZ-TIERNAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROUSH, MICHAEL R  
Address: 3151 8TH AVE N  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: D  
Name: VIGIL, MICHELLE A  
Address: 125 W. JEAN STREET  
City-St-Zip: TAMPA, FL 33604

Title: D  
Name: OLDER, JENNIFER L  
Address: 3935 VERSAILLE DRIVE  
City-St-Zip: TAMPA, FL 33634

Title: D  
Name: MASON, CONNIE L  
Address: 5511 BURLINGTON AVE N  
City-St-Zip: ST. PETERSBURG, FL 33710

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: ZULEIKA GONZALEZ-TIERNAN

RA

01/25/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date