# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Sep 20, 2006**
**Secretary of State**

DOCUMENT# N18036

**Entity Name:** URBAN FINANCIAL SERVICES COALITION, INC. - TAMPA BAY

**Current Principal Place of Business:**

P.O. BOX 1915
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1915
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number: 59-2825011** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

STAMPS, S.M. DAVID III
501 E KENNEDY BOULEVARD
SUITE 1700
TAMPA, FL 33602 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: S.M. DAVID STAMPS
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | DV | ( ) Delete |
| Name: | CAMPBELL, NICOLE | |
| Address: | 1500 S. DALE MABRY | |
| City-St-Zip: | TAMPA, FL 33629 | |
| Title: | P | ( ) Delete |
| Name: | MANER, C. MACHELLE | |
| Address: | 100 S. ASHLEY DR., STE 1000 | |
| City-St-Zip: | TAMPA, FL 33602 | |
| Title: | TS | ( ) Delete |
| Name: | WIMBERLY, FRANCES | |
| Address: | PO BOX 5152 | |
| City-St-Zip: | TAMPA, FL 33675 | |
| Title: | D | ( ) Delete |
| Name: | JONES, SUSAN | |
| Address: | 3800 CITIBANK CENTER BLDG 5 2ND FL | |
| City-St-Zip: | TAMPA, FL 33610 | |
| Title: | D | ( ) Delete |
| Name: | DYSON, ANGIE | |
| Address: | 1702 E 17 AVE | |
| City-St-Zip: | TAMPA, FL 33675 | |
| Title: | V | ( ) Delete |
| Name: | CARSWELL, ANTHONY | |
| Address: | 101 E KENNEDY BLVD | |
| City-St-Zip: | TAMPA, FL 33602 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANCES A WIMBERLY D 09/20/2006
Electronic Signature of Signing Officer or Director — Date