## 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N26371

FILED Dec 22, 2010 Secretary of State

Entity Name: SUNCOAST HAVEN OF REST RESCUE MISSION, INC.

Current Principal Place of Business: New Principal Place of Business:

5625 PARK BLVD

PINELLAS PARK, FL 33781 US

Current Mailing Address: New Mailing Address:

P O BOX 906

PINELLAS PARK, FL 33780 US

FEI Number: 65-0058805 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CABRAL, LIONEL REV. 14120 PALM ST. #204

MADEIRA BEACH, FL 33708 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: LIONEL CABRAL

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: PRES

Name: DE VRIES, JOHN MR. Address: 2093 KANSAS AVE NE

City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VP

Name: ALLINDER, MYRL BRO.
Address: 2993 MEADOW WOOD COURT
City-St-Zip: CLEARWATER, FL 33761

Title: PD

Name: JAYCOX, JOHN Address: 145 22ND AVE NE

City-St-Zip: SAINT PETERSBURG, FL 33704 US

Title: SEC

 Name:
 CABRAL, LIONEL REV.

 Address:
 14120 PALM ST., #204

 City-St-Zip:
 MADEIRA BEACH, FL 33708

Title:

Name: BOWMAN, TROY MR. Address: 421 12TH STREET N

City-St-Zip: SAINT PETERSBURG, FL 33701

Title: [

Name: PASK, JOHN MR.

Address: 13747 EAGLES WALK DRIVE City-St-Zip: CLEARWATER, FL 33762

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: LIONEL CABRAL SEC 12/22/2010