2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N30280

FILED Oct 24, 2007 Secretary of State

Entity Name: FAMILY CRISIS HELP CENTER INC.

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

1221 KENNEDY ROAD - APT #41 DAYTONA BEACH, FL 32114 US

Current Mailing Address: New Mailing Address:

P.O. BOX 218 1221 KENNEDY ROAD APT 41 EDGEWATER, FL 32132 DAYTONA BEACH, FL 32114 US

FEI Number: 59-2927652 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:

PLUMMER, RUTH A 1221 KENNEDY ROAD APT# 41 DAYTONA BEACH, FL 32114 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: RUTH A PLUMMER

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: APD () Delete Title: () Change () Addition

 Name:
 PLUMMER, RUTH A
 Name:

 Address:
 1221 KENNEDY ROAD
 Address:

 City-St-Zip:
 DAYTONA BEACH, FL 32114
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 KENNEDY, KEITH
 Name:

 Address:
 PO BOX 10482
 Address:

 City-St-Zip:
 DAYTONA BEACH, FL 32120
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 ANDERSON, NADINE
 Name:

 Address:
 710 FLANDERS AVENUE
 Address:

 City-St-Zip:
 DAYTONA BEACH, FL 32114
 City-St-Zip:

Name:PELLETIER, JÍMName:HOWARD, DOÚGLASAddress:1170 SOUTH PALMETTOAddress:1819 JUNIPER DR

City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: EDGEWATER, FL 32132 US

I hereby certify that the information supplied with this filing does not qualify 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: RUTH A PLUMMER P 10/24/2007