

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N38759

**FILED**  
**Oct 24, 2004**  
**Secretary of State****Entity Name:** TRUTH, RESPONSIBILITY, UNITY, TRAINING, HOPE & SUCCESS, INC.**Current Principal Place of Business:**5600 N. FLAGLER DRIVE  
SUITE 703  
WEST PALM BEACH, FL 33407 US**New Principal Place of Business:****Current Mailing Address:**5600 N. FLAGLER DRIVE  
SUITE 703  
WEST PALM BEACH, FL 33407 US**New Mailing Address:****FEI Number:** 65-0203714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**HERRING, BENNIE L III  
5600 N. FLAGLER DRIVE  
SUITE 703  
WEST PALM BEACH, FL 33407 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** ED ( ) Delete  
**Name:** HERRING, BENNIE L II  
**Address:** 5600 N. FLAGLER DRIVE  
**City-St-Zip:** WEST PALM BEACH, FL 33407 US**Title:** VD ( ) Delete  
**Name:** COFFIELD, FRANCES N  
**Address:** 1600 42ND STREET  
**City-St-Zip:** WEST PALM BEACH, FL 33407 US**Title:** SD ( ) Delete  
**Name:** MINTO, ALISON  
**Address:** 1017 STATE STREET  
**City-St-Zip:** WEST PALM BEACH, FL 33407**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** SD (X) Change ( ) Addition  
**Name:** HERRING III, BENNIE L  
**Address:** 530-1 PALM BEACH STREET  
**City-St-Zip:** TALLAHASSEE, FL 32304

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BENNIE L. HERRING II

ED

10/24/2004

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