

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 14 AM 8:06

DOCUMENT # N93000004579

1. Entity Name
COMMUNITY VOLUNTEER CONTACT CENTER, INC.



Principal Place of Business
NORTH WOOD VILLAGE
1200 NINTH ST
DAYTONA BEACH, FL 32117 US

Mailing Address
NORTH WOOD VILLAGE
1200 NINTH ST
DAYTONA BEACH, FL 32117 US

REINSTATEMENT 04-05



2. Principal Place of Business

3. Mailing Address

837 Mary McLeod Bethune Blvd. 837 Mary McLeod

Suite, Apt. #, etc.

Bethune Blvd.

05242005 REIN-NP CR2E099 (6/04)

City & State
Daytona Beach FL

City & State
Daytona Beach FL

4. FEI Number
59-3265770

Applied For
Not Applicable

Zip
32114

Country
US

Zip
32114

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWINTON, RUFUS MR
611 HUDSON ST
DAYTONA BEACH, FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/9/05

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT
NAME SWINTON, RUFUS
STREET ADDRESS 611 HUDSON ST
CITY-ST-ZIP DAYTONA BEACH, FL 32114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TREASURER**
NAME GARRETT, BERTHA
STREET ADDRESS 633 RUSSELL DR
CITY-ST-ZIP DAYTONA BEACH, FL 32114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME MAYO, LENARD MR
STREET ADDRESS 336 BARTLEY RD
CITY-ST-ZIP DAYTONA BEACH, FL 32114 ☐ Delete

TITLE **PARLIAMENTARIAN**
NAME **MR. LEONARD MAYO**
STREET ADDRESS **336 BARTLEY RD.**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114** ☒ Change ☐ Addition

TITLE **SECRETARY**
NAME HORNE, LEOLA C
STREET ADDRESS 743 MERCEDES AVE
CITY-ST-ZIP DAYTONA BEACH, FL 32114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VICE PRES.**
NAME BRIGHT, THOMAS JR
STREET ADDRESS 2627 BREEZE WIND DR
CITY-ST-ZIP ORLANDO, FL 32807 ☐ Delete

TITLE **VICE PRESIDENT**
NAME **THOMAS BRIGHT, JR.**
STREET ADDRESS **2627 BREEZE WIND DR**
CITY-ST-ZIP **ORLANDO, FL 32807** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/05 (386)252-2958
Date Daytime Phone #