

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000005009

FILED  
Nov 07, 2008  
Secretary of State

**Entity Name:** CARVER COMMUNITY CENTER ASSOCIATION, INC.

**Current Principal Place of Business:**

7040 JEFFERSON AVENUE  
CENTURY, FL 32535

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 752  
CENTURY, FL 32535

**New Mailing Address:**

**FEI Number:** 59-3271538

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BANKESTER, LARRY E  
7040 JEFFERSON AVENUE  
CENTURY, FL 32535 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: MARILYN L. ROBINSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBINSON, LEOLA T  
Address: 350 HIGHWAY 4 WEST  
City-St-Zip: CENTURY, FL 32535

Title: VP ( ) Delete  
Name: BANKESTER, LARRY  
Address: 4318 NOWLING ROAD  
City-St-Zip: JAY, FL 32565

Title: ST ( ) Delete  
Name: BRIGHT, ADA  
Address: 8311 ALGER ROAD  
City-St-Zip: CENTURY, FL 32535

Title: D ( ) Delete  
Name: ROBINSON, MARILYN L  
Address: 350 HIGHWAY 4 WEST  
City-St-Zip: CENTURY, FL 32535

Title: DIR ( ) Delete  
Name: ROBINSON, MARILYN L  
Address: 7040 JEFFERSON AVENUE  
City-St-Zip: CENTURY, FL 32535 US

**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:

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: MARILYN L. ROBINSON

DIR

11/07/2008

Electronic Signature of Signing Officer or Director

Date