

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT 0504

FILED

06 JAN 10 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N95000005001	
1. Entity Name PAHOKEE TARGET AREA PARENT GROUP, INC.	

Principal Place of Business 380 E 5TH ST PAHOKEE, FL 33476	Mailing Address 380 E 5TH ST PAHOKEE, FL 33476
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11012005 REIN-NP CR2E099 (6/04)

4. FEI Number 65-0641526	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WRIGHT, CHEKETA 210 SHIVE AVENUE PAHOKEE, FL 33476		Name <u>Cheketa Wright-Lawrence</u> Street Address (P.O. Box Number is Not Acceptable) <u>210 SHIVE DRIVE</u> City <u>PAHOKEE</u> FL Zip Code <u>33476</u>	

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 <u>Cheketa Wright Lawrence</u>	12-30-05
<small>Signature, typed or printed name of registered agent and date if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WRIGHT, CHEKETA 210 SHIVE DRIVE PAHOKEE, FL 33476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Cheketa Wright-Lawrence 210 Shive Dr PAHOKEE, FL 33476 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOLDIN, DYNISHA 35 LAKESIDE DRIVE PAHOKEE, FL 33476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300064592233 01/26/06--01065--007 **236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ATKINS, TABITHA 827 PADGETT CIRCLE PAHOKEE, FL 33476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WALKER, THOMAS 390 JUNIPER AVENUE PAHOKEE, FL 33476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Kerilla Buccoughs 147 S. Barfield Hwy PAHOKEE, FL 33476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Cheketa Wright Lawrence</u>	12-30-05	(561) 924-7178
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

PAHOKEE TARGET AREA PARENT GROUP
380 EAST 5TH STREET
PAHOKEE, FL 33476
Phone: (561) 924-7178
Fax: (561) 924-9608

December 30, 2005

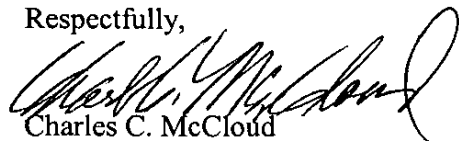
Dear Sirs/Madame:

Due to setbacks from the Hurricane Season and displacement of members of our Target Area Parent Group, we are late in sending out our renewal request for reinstatement of our Not-for-Profit Corporation, for the year 2005-2006.

Due to the fact that we never received a notice for the 2005 year, we are enclosing a check for \$236.25 for reinstatement. However, if the reinstatement fee is waived, we request that \$70.00 be used for the 2006 year and a certificate of 2006.

We cordially thank you in advance; however, if we are in error of understanding the process, please notify us immediately either by mail or by telephone at the number listed above. You may speak with Charles McCloud, Facilitator/Advisor to the Parent Group.

Respectfully,


Charles C. McCloud