



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N96000000907</b> 1. Entity Name <b>SOUTH CENTRAL DEERFIELD NEIGHBORHOOD WATCH, INC.</b>				<b>FILED</b> 2006 NOV -3 AM 10: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>4000 NW 4TH AVE POMPANO BEACH, FL 33064 US</b>		Mailing Address <b>4000 NW 4TH AVE POMPANO BEACH, FL 33064 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>DEERFIELD BEACH, FL</b>		City & State <b>DEERFIELD BEACH, FL</b>			
Zip Country		Zip Country		4. FEI Number <b>65-0649073</b>	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>POTTER, ROBERT 3701 NW 4TH AVE POMPANO BEACH, FL 33064</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>DEERFIELD BEACH</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!! FEE IS \$61.25</b> <b>After January 1, 2007, Fee will be \$122.50</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ANDRUS, DEBBIE</b> <b>4000 N.W. 4 AVE</b> <b>POMPANO BEACH, FL 33064</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DEERFIELD BEACH</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>ANDRUS, VERN</b> <b>4000 NW 4 AVE</b> <b>POMPANO BEACH, FL 33064</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DEERFIELD BEACH</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>HOFFMAN, MARK</b> <b>350 N W 37TH STREET</b> <b>POMPANO BEACH, FL 33064</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DEERFIELD BEACH</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>HOFFMAN, MARK</b> <b>350 NW 37TH STREET</b> <b>POMPANO BEACH, FL 33064</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DEERFIELD BEACH</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>B 11/6/06</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900081498009</b> <b>11/03/06--01030--004 **\$1.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>STATEMENT</b>	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 exemptions contained 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 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>Deborah L Andrus</u> <u>10-27-06</u> <u>(954) 415-8357</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					