

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000001332

FILED
Apr 26, 2007
Secretary of State

Entity Name: THE HOUSES OF ASHKELON, INC.

Current Principal Place of Business:

1746 LONDON AVE
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

1533 MARSH RABBIT WAY
ORANGE PARK, FL 32003 US

Current Mailing Address:

6247 CREETOWN DRIVE
JACKSONVILLE, FL 32216 US

New Mailing Address:

1533 MARSH RABBIT WAY
ORANGE PARK, FL 32003 US

FEI Number: 59-3381028 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:

REYNOLDS, JOAN F
6247 CREETOWN DRIVE
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

REYNOLDS, JOAN F
1533 MARSH RABBIT WAY
ORANGE PARK, FL 32003 US

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: JOAN F REYNOLDS

04/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REYNOLDS, JOAN F
Address: 1533 MARSH RABBIT WAY
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: HAMILTON, JUDITH
Address: 2791 DOWNING
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: SILVERMAN, PHYLLIS
Address: 6422 MERRILL ROAD
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: KOSALKO, GRACE
Address: 6304 KELLOW DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

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:

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: JOAN F REYNOLDS

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

Date