

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000002363

FILED
Sep 19, 2007
Secretary of State

Entity Name: W.E. FREEMAN OUTREACH CENTER OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

921 WEST BENTLEY STREET
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 555934
ORLANDO, FL 32855934

New Mailing Address:

FEI Number: 59-3400735 **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:

FREEMAN, WOODY
P.O. BOX 550906
ORLANDO, FL 32855 US

Name and Address of New Registered Agent:

FREEMAN, WOODY
921 W. BENTLEY ST
ORLANDO, FL 32805 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: WOODY FREEMAN

09/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FREEMAN, WOODY E
Address: P.O. BOX 550906
City-St-Zip: ORLANDO, FL 32855

Title: D () Delete
Name: MCCALL, VANESSA
Address: 7305 CROOKED LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: FREEMAN, ALEXIS
Address: P.O. BOX 555934
City-St-Zip: ORLANDO, FL 32855

Title: S () Delete
Name: GIBSON, SHARON
Address: 2120 STRYKER STREET
City-St-Zip: ORLANDO, FL 32805

Title: T () Delete
Name: WRIGHT, WILLIE
Address: 108 HOPE CIRCLE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FREEMAN, WOODY E
Address: P.O. BOX 555934
City-St-Zip: ORLANDO, FL 32855

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: ALEXIS FREEMAN

D

09/19/2007

Electronic Signature of Signing Officer or Director

Date