

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N96000002363

**FILED**  
**Oct 23, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

3832 W. NEW HAMPSHIRE ST  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 550906  
ORLANDO, FL 32855

**New Mailing Address:**

**FEI Number:** 59-3400735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

FREEMAN, WOODY  
3832 W. NEW HAMPSHIRE ST.  
ORLANDO, FL 32808 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

10/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FREEMAN, WOODY E  
Address: P.O. BOX 555934  
City-St-Zip: ORLANDO, FL 32855

Title: T  
Name: MCCALL, VANESSA  
Address: 7305 CROOKED LAKE CIRCLE  
City-St-Zip: ORLANDO, FL 32818

Title: VP  
Name: FREEMAN, ALEXIS  
Address: P.O. BOX 555934  
City-St-Zip: ORLANDO, FL 32855

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

I hereby 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 all other like empowered.

SIGNATURE: ALEXIS FREEMAN

VP

10/23/2012

Electronic Signature of Signing Officer or Director

Date