

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000000088

FILED
Nov 13, 2007
Secretary of State

Entity Name: BAKER COUNTY YOUTH HOPE CENTER, INC.

Current Principal Place of Business:

65 W. MCIVER AVENUE
MACCLENNY, FL 32063 US

New Principal Place of Business:

4209 HICKORY STREET
MACCLENNY, FL 32063 US

Current Mailing Address:

P.O. BOX 1064
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 59-3493025 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:

WEST, CARL
4209 HICKORY ST
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

WEST, LORETTA
4209 HICKORY ST
MACCLENNY, FL 32063 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: LORETTA WEST

11/13/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: LANKFORD, ROGER
Address: 14276 LEONARD NORMAN RD
City-St-Zip: MACCLENNY, FL 32063

Title: D () Delete
Name: ADDISON, PATRICIA
Address: 9953 COUNTRY RD
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: C () Delete
Name: RUISE, JOE
Address: 10153 ORA RUISE RD.
City-St-Zip: MARGARETTA, FL 32040

Title: D () Delete
Name: LORETTA, WEST
Address: 4209 HICKORY ST
City-St-Zip: MACCLENNY, FL 32063

Title: D () Delete
Name: GRIFFIS, FRANKLIN
Address: HWY 125 S. GLEN
City-St-Zip: GLEN ST. MARY, FL 32040

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:

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: LORETTA WEST; PRESIDENT

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11/13/2007

Electronic Signature of Signing Officer or Director

Date