

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000002808

FILED
Oct 13, 2004
Secretary of State**Entity Name:** COMMUNITY HELPS, FLORIDA, INCORPORATED**Current Principal Place of Business:**4414 FLORIDA NATIONAL DR.
110
LAKELAND, FL 33813**New Principal Place of Business:**820 NORTH MASSACHUSETTS AVENUE
LAKELAND, FL 33801**Current Mailing Address:**PO BOX 7423
LAKELAND, FL 33807 US**New Mailing Address:****FEI Number:** 59-3524216 **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:**LOYD, PATRICIA
466 DAISY WAY
WINTER HAVEN, FL 33884 US**Name and Address of New Registered Agent:**LOYD, PATRICIA A
2408 AVENUE B NW
WINTER HAVEN, FL 33881 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: PATRICIA A. LOYD

10/13/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: LOYD, GERALD G
Address: 450 MAPLE AVENUE
City-St-Zip: PITTSBURGH, PA 15218 US**Title:** VD () Delete
Name: LOYD, PATRICIA A
Address: 466 DAISY WAY
City-St-Zip: WINTER HAVEN, FL 33884 US**Title:** STD () Delete
Name: WORTHY, JACQUELYN Y
Address: PO BOX 90944
City-St-Zip: LAKELAND, FL 33804 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: LOYD, GERALD G
Address: 5109 FAIRFAX DRIVE
City-St-Zip: LAKELAND, FL 33813 US**Title:** VD (X) Change () Addition
Name: LOYD, PATRICIA A
Address: 2408 AVENUE B NW
City-St-Zip: WINTER HAVEN, FL 33881 US**Title:** STD (X) Change () Addition
Name: WORTHY, JACQUELYN Y
Address: 2224 GILBERT STREET, #4
City-St-Zip: CHARLOTTE, NC 28216 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA A. LOYD

VD

10/13/2004

Electronic Signature of Signing Officer or Director

Date