

N99000007192

Requester's Name

Children's Home Society of Florida
1485 S. Semoran Blvd
Suite 1448
Winter Park, FL 32792
City/State/Zip Phone #

800005153908--0

-03/25/02--01063--004

*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR 16 PM 11:56

RA/RO change
4/17/02
10

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 2, 2002

CHILDREN'S HOME SOCIETY OF FLORIDA
1485 S. SEMORAN BLVD., STE. 1448
WINTER PARK, FL 32792

SUBJECT: NORTHEAST FLORIDA COMMUNITY ALLIANCE FOR CHILDREN,
INC.
Ref. Number: N99000007192

We have received your document for NORTHEAST FLORIDA COMMUNITY ALLIANCE FOR CHILDREN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2001 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or a current corporate annual report/uniform business report form and the appropriate fees.

The changes reflected in your document can be made on the reinstatement application. You can deduct the fee previously submitted from the reinstatement fee due.

The total amount due to reinstate is \$262.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 502A00019267

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : NORTHEAST FLORIDA COMMUNITY ALLIANCE FOR CHILDREN, INC.
2. The mailing address of the corporation : 1485 S SEMORAN BLVD, SUITE 1448
WINTER PARK, FL 32792
3. Date of incorporation/qualification: 12/7/99 Document number: N9900000 7192
4. The name and address of the current registered agent and office:

JOHN HAINES

820 E PARK AVE BLDG E #100

TALLAHASSEE, FL 32301

5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)

JAMES PATRICK

1485 S SEMORAN BLVD, SUITE 1448

WINTER PARK, FL 32792

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

James E. Patrick
(Signature of an officer, chairman or vice chairman of the board)

3/22/02
(Date)

JAMES E. PATRICK, DIRECTOR
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

James E. Patrick
(Signature of Registered Agent)

3/22/02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR 16 PM 11:56