

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000063821

FILED
Oct 05, 2007
Secretary of State

Entity Name: INTERVENTION PROJECT FOR NURSES, INC.

Current Principal Place of Business:

PO BOX 49130
JACKSONVILLE BEACH, FL 32240

New Principal Place of Business:

BOX 49130
JACKSONVILLE BEACH, FL 32240

Current Mailing Address:

PO BOX 49130
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

FEI Number: 59-2898308 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILLIAMS, TOM CPA
1409 KINGSLEY AVE.
STE. 1B
JACKSONVILLE BCH, FL 32250 US

Name and Address of New Registered Agent:

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: TOM WILLIAMS, CPA

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, LINDA L
Address: PO BOX 49130
City-St-Zip: JACKSONVILLE BEACH, FL 32240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, LINDA L
Address: PO BOX 49130
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA L. SMITH

Electronic Signature of Signing Officer or Director

D

10/05/2007

Date