

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2005
Secretary of State

DOCUMENT# N00000003251

Entity Name: HOMESPUNJOY, INC.

Current Principal Place of Business:

1430 - 54TH STREET SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

1430 - 54TH STREET SOUTH
GULFPORT, FL 33707

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

FOSTER, DAVID W
555 FOURTH STREET NORTH
ST. PETERSBURG, FL 33701 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: DAVID W FOSTER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BARBARA JAYNE JOY FI, SHER
Address: 1430 - 54TH STREET SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: HILL, BONNIE
Address: 840 BEACH DRIVE NORTHEAST
City-St-Zip: ST. PETERSBURG, FL 33701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Delete
Name: MCCARTHY, RUBY DOROTHY
Address: 1407 YORK STREET S
City-St-Zip: GULFPORT, FL 33707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: MCADAMS, BARBARA V
Address: 1430 - 54TH STREET SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: SMITH, MARY
Address: 2045 EAST BAY DRIVE #327
City-St-Zip: LARGO, FL 33771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA JAYNE JOY FISHER

VP

10/12/2005

Electronic Signature of Signing Officer or Director

Date