

**2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N20000011431

**Entity Name:** GENERATION OF BLESSED MS' INC**Current Principal Place of Business:**1340 MCGRITS CREEK DR E  
JACKSONVILLE, FL 32221**Current Mailing Address:**1340 MCGRITS CREEK DR E  
JACKSONVILLE, FL 32221 US**FEI Number:** 85-3468967**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLARIDY-SIMPSON, SANDRA T  
1340 MCGRITS CREEK DR E  
JACKSONVILLE, FL 32221 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:** SANDRA T CLARIDY-SIMPSON

02/15/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXD  
Name CLARIDY-SIMPSON, SANDRA T  
Address 1340 MCGRITS CREEK DR E  
City-State-Zip: JACKSONVILLE FL 32221

Title D  
Name ADDISON-BONEY, SAMYRA  
Address 4701 WYRESDALE ST  
City-State-Zip: ORLANDO FL 32808

Title SECRETARY  
Name SMITH, SELENA L  
Address 3121 4TH STREET CIRCLE  
City-State-Zip: JACKSONVILLE FL 32254

Title TREASURER  
Name SPRALDEN-JACKSON, LAURETTA P  
Address 583 NW LONG ST  
City-State-Zip: LAKE CITY FL 32055

Title AS D  
Name DURHAM-GRAHAM, WILLA  
Address 1340 MCGRITS CREEK DR E  
City-State-Zip: JACKSONVILLE FL 32221

*I hereby 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 all other like empowered.*

**SIGNATURE:** SANDRA T CLARIDY-SIMPSON

EXD

02/15/2023

Electronic Signature of Signing Officer/Director Detail

Date