

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Oct 04, 2006  
Secretary of State

DOCUMENT# N42498

Entity Name: GALE RAGAN EDUCATIONAL CONSULTING FIRM, INC.

**Current Principal Place of Business:**

2110 JACKSON BLUFF RD  
6A  
TALLAHASSEE, FL 32304 US

**New Principal Place of Business:**

3025 S. ADAMS ST  
311  
TALLAHASSEE, FL 32301 US

**Current Mailing Address:**

1673 GREENOUGH RD  
CAMILLA, GA 31730 US

**New Mailing Address:**

FEI Number: 56-2314543      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

RAGAN, GALE  
2110 JACKSON BLUFF ROAD  
TALLAHASSEE, FL 32304 US

**Name and Address of New Registered Agent:**

RAGAN, GALE  
3025 S. ADAMS ST  
APT. 311  
TALLAHASSEE, FL 32301 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: GALE RAGAN

10/04/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REID, MELVIN T JR  
Address: 2110 JACKSON BLUFF ROAD, APT 6A  
City-St-Zip: TALLAHASSEE, FL 32304

Title: VP ( ) Delete  
Name: SANTOS, ACILEGRA  
Address: 1944 ANDREWS AVE  
City-St-Zip: BRONX, NY 10453

Title: S ( ) Delete  
Name: RAGAN, GALE  
Address: 1673 GREENOUGH RD  
City-St-Zip: CAMILLA, GA 31730

Title: T ( ) Delete  
Name: REID, DAVID J  
Address: 2110 JACKSON BLUFF RD  
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: AST ( ) Delete  
Name: WARREN, PATRICIA  
Address: 401 US HWY 19 SOUTH  
City-St-Zip: CAMILLA, GA 31730 US

Title: D ( ) Delete  
Name: BENNETT, EDITH  
Address: 1505 COLQUITT AVE.  
City-St-Zip: ALBANY, GA 71305 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: REID, MELVIN T JR  
Address: 3025 S. ADAMS ST. APT. 311  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP (X) Change ( ) Addition  
Name: SANTOS, ACILEGRA  
Address: 917 SHERIDAN AVE. APT. 6E  
City-St-Zip: BRONX, NY 10451

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

Title: T (X) Change ( ) Addition  
Name: FELS, MARQUETTA  
Address: 1673 GREENOUGH RD  
City-St-Zip: CAMILLA, GA 31730 US

Title: D (X) Change ( ) Addition  
Name: WEDDABURNE, LESIA  
Address: 3415 ELMIRA AVE.  
City-St-Zip: CLAREMONT, CA 91711

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

SIGNATURE: GALE RAGAN

S

10/04/2006

Electronic Signature of Signing Officer or Director

Date