

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 706229

FILED
Nov 13, 2009
Secretary of State

Entity Name: HELPING HAND DAY NURSERY, INC.

Current Principal Place of Business:

6406 N 432RD STREET
TAMPA, FL 33610

New Principal Place of Business:

7402 N. 56TH STREET
880
TAMPA, FL 33617

Current Mailing Address:

6406 N 432RD STREET
TAMPA, FL 33610

New Mailing Address:

PO BOX 11495
TAMPA, FL 33680

FEI Number: 59-0724461 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

KNIGHT, PETER
115 LINCOLN AVE
TAMPA, FL 33609 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: PETER KNIGHT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREEN, ANGELA M
Address: 4201 E 98TH AVE
City-St-Zip: TAMPA, FL 33617

Title: PD () Delete
Name: KNIGHT, PETER
Address: 115 LINCOLN AVE
City-St-Zip: TAMPA, FL 33609

Title: MBR () Delete
Name: NYE, VANESSA
Address: 1718 E 7TH AVE
City-St-Zip: TAMPA, FL 33605

Title: MD () Delete
Name: WALKER, VICKI
Address: 500 W PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: TD () Delete
Name: NUNN, ARNETHA
Address: 4201 E SEWAHA ST
City-St-Zip: TAMPA, FL 33617

Title: VP () Delete
Name: RANDOLPH, JAMES
Address: 1817 LAKE CREST AVE.
City-St-Zip: BRANDON, FL 335102256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

SIGNATURE: ANGELA M. GREEN

D

11/13/2009

Electronic Signature of Signing Officer or Director

Date