

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 719584

FILED
Oct 13, 2009
Secretary of State

Entity Name: INDEPENDENT DAY SCHOOL OF TAMPA, INC.

Current Principal Place of Business:

12015 ORANGE GROVE DR
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

12015 ORANGE GROVE DR
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-1282306 **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:

Name and Address of New Registered Agent:

CONLIN, JAMES S
1608 HAMPTON LANE
SAFETY HARBOR, FL 34695 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: JAMES S. CONLIN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CONLIN, JAMES S
Address: 1608 HAMPTON LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: V () Delete
Name: STEWART, MARK DR.
Address: 16807 SHEFFIELD PARK DR.
City-St-Zip: LUTZ, FL 33549

Title: S () Delete
Name: STILES, PAUL
Address: 13724 WALBROOKE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: T () Delete
Name: TOMLIN, JOHN
Address: 18008 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL 33548

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
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: JAMES S. CONLIN

PRES

10/13/2009

Electronic Signature of Signing Officer or Director

Date