

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 768975

FILED
Oct 09, 2009
Secretary of State

Entity Name: SWEETWATER EPISCOPAL ACADEMY, INC.

Current Principal Place of Business:

% C JOSEPH SITTS
251 E LAKE BRANTLEY DR
LONGWOOD, FL 32779 US

Current Mailing Address:

% C JOSEPH SITTS
251 E LAKE BRANTLEY DR
LONGWOOD, FL 32779 US

New Principal Place of Business:

% JANET STROUP
251 E LAKE BRANTLEY DR
LONGWOOD, FL 32779 US

New Mailing Address:

% JANET STROUP
251 E LAKE BRANTLEY DR
LONGWOOD, FL 32779 US

FEI Number: 59-2404885 **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:

SITTS, C. JOSEPH REV
251 E LAKE BRANTLEY DR
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

STROUP, JANET
251 E LAKE BRANTLEY DR
LONGWOOD, FL 32779 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: JANET STROUP

10/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: STROUP, JANET
Address: 103 SHADOW LAKE DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: PD () Delete
Name: SITTS, C J
Address: 271 NEW WATERFORD PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: TD () Delete
Name: PERKINS, ANDREA
Address: 1071 SHADOWMOSS CIRCLE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: MYERS, PAUL
Address: 520 TIMBER RIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: TD (X) Change () Addition
Name: FOGLE, MICHAEL
Address: 2065 BILTMORE POINT
City-St-Zip: LONGWOOD, FL 32746

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: DENICE KOST

B.M.

10/09/2009

Electronic Signature of Signing Officer or Director

Date