

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000002475

1. Entity Name
**HAGGAI INSTITUTE FOR ADVANCED LEADERSHIP
TRAINING, INC.**



08 DEC -8 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 13
ATLANTA, GA 30370-2801

Mailing Address
P.O. BOX 13
ATLANTA, GA 30370-2801

2. Principal Place of Business - No P.O. Box #
4725 PEACHTREE CORNERS CIR.

3. Mailing Address
Suite, Apt. #, etc.
Suite 100



REINSTATEMENT 2008KS

City & State
NORCROSS, GA

Zip
30092

Country

4. FEI Number
58-0898309

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Terence Hardley **Terence Hardley Asst. Secretary** 12/3/2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAGGAI, JOHN EDMUND 4725 PEACHTREE CORNERS CIRCLE, STE. 100 NORCROSS, GA 300922553	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCEO HINSON, WILLIAM M 4725 PEACHTREE CORNERS CIRCLE, STE. 100 NORCROSS, GA 300922553	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMMONS, RANDY A 4725 PEACHTREE CORNERS CIRCLE, STE. 100 NORCROSS, GA 300922553	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ZACHARIAH, GEORGE 4725 PEACHTREE CORNERS CIRCLE, STE. 100 NORCROSS, GA 300922553	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOWLER, MARY ANNA C/O HOUND EARS CLUB, BOX 188 BLOWING ROCK, NC 286050188	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOUDERA, RALPH J P.O. BOX 9178 VIRGINIA BEACH, VA 234509178	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Walker, James 4725 PEACHTREE CORNERS Cir.STE. 100 NORCROSS, GA 300922553	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Willis Jr., Cade 4725 PEACHTREE CORNERS Cir.STE. 100 NORCROSS, GA 300922553	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller Honeychurch, Stephen 4725 PEACHTREE CORNERS Cir.STE. 100 NORCROSS, GA 300922553	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen Honeychurch **Stephen Honeychurch** 11-20-2008 (770)810-1419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #