

2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 08, 2007
Secretary of State**

DOCUMENT# G32149

Entity Name: ALLEN CHILDREN CENTERS, INC.

Current Principal Place of Business:

1804 ST. JOHNS BLUFF ROAD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

2201 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-2286897 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, BARBARA L
2201 RIVERSIDE AVE.
JACKSONVILLE, FL 32204 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: BARBARA L. ALLEN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OGBURN, NANCY M
Address: 1804 ST. JOHNS BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VT () Delete
Name: ALLEN, BARBARA
Address: 1804 ST. JOHNS BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VS () Delete
Name: OGBURN, WILLIAM R
Address: 1804 ST. JOHNS BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32216

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:

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

SIGNATURE: BARBARA L. ALLEN

Electronic Signature of Signing Officer or Director

VT

10/08/2007

Date