


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90008 003 ****61.25

DOCUMENT # N00000001382	
1. Entity Name RE-BIRTH ACADEMY, INC.	

Principal Place of Business 1924 COMANCHE AVE TAMPA, FL 33610	Mailing Address 1924 COMANCHE AVE TAMPA, FL 33610
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24080598



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07012004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3625829	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
HUDSON, ZACHERY 1924 COMANCHE AVE TAMPA, FL 33610	
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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE C	NAME BROWN, ANN M	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 2009 E CLIFTON ST			
CITY-ST-ZIP TAMPA, FL 33610			
TITLE VC	NAME AUSTIN, DEBORAH	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 1924 COMANCHE AVE			
CITY-ST-ZIP TAMPA, FL 33610			
TITLE S	NAME BROWN, ANN	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 1924 COMANCHE AVE			
CITY-ST-ZIP TAMPA, FL 33610			
TITLE VT	NAME LONDON, JANICE S	<input type="checkbox"/> Delete	
STREET ADDRESS 5201 E 7TH AVE			
CITY-ST-ZIP TAMPA, FL 33605			
TITLE D	NAME KIMBERLY, PARIDO	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 2028 E 7TH AVE			
CITY-ST-ZIP TAMPA, FL 336045			
TITLE D	NAME WILSON, MARILYN	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 13417 LAPLACE CIR., #112			
CITY-ST-ZIP TAMPA, FL 33612			
TITLE C	NAME Sharon J Moore	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 3411 N 49th Street			
CITY-ST-ZIP Tampa, FL 33605			
TITLE VC	NAME Nelson Lewis	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 1924 E Comanche Ave			
CITY-ST-ZIP Tampa, FLORIDA 33610			
TITLE D	NAME Carolyn Paremone	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 1924 E Comanche Ave			
CITY-ST-ZIP Tampa, FL 33610			
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sharon J Moore Sharon J Moore 8/10/04 (813) 239-1321