

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001382

Entity Name: RE-BIRTH ACADEMY, INC.

FILED
Jun 22, 2009
Secretary of State

Current Principal Place of Business:

1924 COMANCHE AVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

1924 COMANCHE AVE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3625829 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:

WILLIAMS, K.C.
1924 COMANCHE AVE
TAMPA, FL 33610 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HUDSON, FREDDIE W
Address: 1924 E. COMANCHE AVE
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: LONDON, JANICE
Address: 1924 COMANCHE AVE
City-St-Zip: TAMPA, FL 33610

Title: M () Delete
Name: OLIVER, KATIE M
Address: 1924 COMANCHE AVE
City-St-Zip: TAMPA, FL 33610

Title: M () Delete
Name: PATTERSON, DOREEN
Address: 1924 E. COMANCHE AVE
City-St-Zip: TAMPA, FL 33610

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: M () Change (X) Addition
Name: COLSTON, AUDREY
Address: 1924 E. COMANCHE AVE
City-St-Zip: TAMPA, FL 33610

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: FREDDIE J. HUDSON

C

06/22/2009

Electronic Signature of Signing Officer or Director

Date