

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000003169

FILED
Nov 03, 2009
Secretary of State

Entity Name: ETHLINE R. WILLIAMS PREPARATORY SCHOOL, INC.

Current Principal Place of Business:

5815 MEMORIAL HWY
TAMPA, FL 33615

New Principal Place of Business:

4411-B KELLY ROAD
TAMPA, FL 33615

Current Mailing Address:

5815 MEMORIAL HWY
TAMPA, FL 33615

New Mailing Address:

4411-B KELLY ROAD
TAMPA, FL 33615

FEI Number: 59-3622557 **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:

WILLIAMS, ETHLINE M
5815 MEMORIAL HWY
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

WILLIAMS, ETHLINE M
4411-B KELLY ROAD
TAMPA, FL 33615 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: ETHLINE M. WILLIAMS

11/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMS, ETHLINE M
Address: 7605 OSBORNE AVE
City-St-Zip: TAMPA, FL 33615

Title: DV () Delete
Name: WILLIAMS, WILBERT SR
Address: 7605 OSBORNE AVE
City-St-Zip: TAMPA, FL 33615

Title: DS () Delete
Name: WILLIAMS-GARCIA, JOY
Address: 10119 PINE TRAILS CT
City-St-Zip: TAMPA, FL 33615

Title: DT () Delete
Name: WILLIAMS, WILBERT JR
Address: 8202 BUCKSTONE PL.
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: WILLIAMS, WILBERT III
Address: 7605 OSBORNE AVE
City-St-Zip: TAMPA, FL 33615

Title: DT (X) Change () Addition
Name: WILLIAMS, WILBERT JR
Address: 7605 OSBORNE AVE
City-St-Zip: TAMPA, FL 33615

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: ETHLINE M. WILLIAMS

DP

11/03/2009

Electronic Signature of Signing Officer or Director

Date