

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000004059

FILED
Oct 05, 2004
Secretary of State**Entity Name:** BAILEY ACADEMY LEARNING CENTER, INC.**Current Principal Place of Business:**101 W CYPRESS ST
SUITE C&E
KISSIMMEE, FL 34741**New Principal Place of Business:****Current Mailing Address:**101 W CYPRESS ST
SUITE C&E
KISSIMMEE, FL 34741**New Mailing Address:****FEI Number:** 59-3651456 **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:**GUIANG-AMARO, ANISSA
3117 PERSHING ST.
KISSIMMEE, FL 34741 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: BAILEY, CAROLYN
Address: 3117 PERSHING ST.
City-St-Zip: KISSIMMEE, FL 34741**Title:** VTD () Delete
Name: BAILEY, STEVEN
Address: 3117 PERSHING ST.
City-St-Zip: KISSIMMEE, FL 34741**Title:** VSD () Delete
Name: GUIANG, ANISSA
Address: 3117 PERSHING ST.
City-St-Zip: KISSIMMEE, FL 34741**Title:** MD () Delete
Name: MITCHELL, ROSALIND
Address: 10205 SIERRA DR.
City-St-Zip: HOUSTON, TX 77051**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLYN BAILEY

PD

10/05/2004

Electronic Signature of Signing Officer or Director

Date