

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000000299

1. Entity Name
CALVARY'S JR. ACADEMY, INC.



Principal Place of Business
C/O 1111 36TH ST.
MT. CALVARY MISSIONARY BAPTIST CHURCH
W. PALM BEACH, FL 33407

Mailing Address
C/O 1111 36TH ST.
MT. CALVARY MISSIONARY BAPTIST CHURCH
W. PALM BEACH, FL 33407

FILED

04 NOV -4 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELF, DAVID C II
C/O CLYNE & SELF, P.A.
324 DATURA ST., #235
WEST PALM BEACH, FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAULSBY, FRANK V
725 AVE. N
RIVIERA BEACH, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000042438380
11/03/04--01039--026 **306.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ATKINS, JOHN
8281 HERITAGE CLUB DR.
W. PALM BEACH, FL 33412

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, CAROLYN W
5725 CORPORATE WAY #206
W. PALM BEACH, FL 33407

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-04