

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000004655

FILED
Apr 02, 2007
Secretary of State

Entity Name: ESTORIA'S ADULT DAY CARE CENTER, INC.

Current Principal Place of Business:

1337 WEST 23RD ST
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1157 ROMAINE CIR W
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3757092 **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:

JONES, CHARLIE M
1157 ROMAINE CIR. W.
JACKSONVILLE, FL 32225 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: CHARLIE M. JONES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, CHARLIE M
Address: 1157 ROMAINE CIR. W.
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: JONES, MILTON B
Address: 1157 ROMAINE CIR. W.
City-St-Zip: JACKSONVILLE, FL 32225

Title: T () Delete
Name: WILLIAMS, ODESSA S
Address: 2947 RIBAUT CIR
City-St-Zip: JACKSONVILLE, FL 32208

Title: S () Delete
Name: HOWARD, AILENE DR
Address: 5816 LUSAID DR
City-St-Zip: JACKSONVILLE, FL 32209

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 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: CHARLIE M. JONES

P

04/02/2007

Electronic Signature of Signing Officer or Director

Date