

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000006399

**FILED**  
**Oct 13, 2008**  
**Secretary of State**

**Entity Name:** RISING STARS OF TOMORROW, INC.

**Current Principal Place of Business:**

1085 RHONDA RD.  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

8109 ODEN AVENUE  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

1085 RHONDA RD.  
JACKSONVILLE, FL 32254

**New Mailing Address:**

P.O. BOX 37323  
JACKSONVILLE, FL 32236

**FEI Number:** 30-0001412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROGERS, MARILYN T  
1085 RHONDA RD.  
JACKSONVILLE, FL 32254 US

**Name and Address of New Registered Agent:**

ROGERS, MARILYN T  
8109 ODEN AVENUE  
JACKSONVILLE, FL 32236 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: MARILYN ROGERS

10/13/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ROGERS, MARILYN T  
Address: 1085 RHONDA RD.  
City-St-Zip: JACKSONVILLE, FL 32254

Title: DS ( ) Delete  
Name: ROGERS, KATRINA M  
Address: 1085 RHONDA RD.  
City-St-Zip: JACKSONVILLE, FL 32254

Title: DT ( ) Delete  
Name: ROGERS, RUFUS L  
Address: 1085 RHONDA RD.  
City-St-Zip: JACKSONVILLE, FL 32254

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: ROGERS, MARILYN T  
Address: 8109 ODEN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DS (X) Change ( ) Addition  
Name: ROGERS, KATRINA M  
Address: 8109 ODEN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DT (X) Change ( ) Addition  
Name: ROGERS, RUFUS L  
Address: 8109 ODEN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32216

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: MARILYN ROGERS

MRS.

10/13/2008

Electronic Signature of Signing Officer or Director

Date