## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N01000007817

FILED Nov 09, 2006 Secretary of State

Entity Name: TEEN CRIME PREVENTION ACADEMY OF CENTRAL FL, INC

**Current Principal Place of Business:** New Principal Place of Business: 4427 BARLEY STREET 1626 CROOMS AVENUE ORLANDO, FL 32811 ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** PO BOX 585917 1931 AMERICUS MINOR DRIVE ORLANDO, FL 32858 WINTER GARDEN, FL 32787 FEI Number: 59-3753027 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: Name and Address of New Registered Agent: ROBINSON, MAURICE PARRAMORE, SHERRY 100 SOUTH BUMBY AVE 1926 CROOMS AVENUE ORLANDO, FL 32803 ORLANDO, FL 32805 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: SHERRY PARRAMORE 11/09/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PD () Delete (X) Change ( ) Addition PRUITT, TIA PRUITT, TIA Name: Name: 3313 S KIRKMAN RD **APT 218** Address: 1931 AMERICUS MINOR DRIVE Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: WINTER GARDEN, FL 34787 Title: Title: (X) Change ( ) Addition ( ) Delete MAYLOR, MOSES Name: JONES, ROSBY Name: Address: PO BOX 585917 Address: PO BOX 585917 City-St-Zip: ORLANDO, FL 32858 City-St-Zip: ORLANDO, FL 32858 Title: () Delete Title: (X) Change ( ) Addition ROBINSON, MAURICE Name: LADNEY, JUDITH Name: 100 SOUTH BUMBY AVENUE P.O. BOX 585917 Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32858 Title: ( ) Delete Title: () Change () Addition Name: PRUITT, NOAH Name: POST OFFICE BOX 585917 Address: Address: ORLANDO, FL 328585 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition JOE, FRAZIER Name: Name: POST OFFICE BOX 585917 Address: Address: City-St-Zip: ORLANDO, FL 328585917 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition PARRAMORE, SHERRY PARRAMORE, SHERRY Name: Name: Address: POST OFFICE BOX 585917 Address: 1926 CROOMS AVE ORLANDO, FL 32858 ORLANDO, FL 32805 City-St-Zip: 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: TIA PRUITT PD 11/09/2006