

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000007817

FILED
May 20, 2008
Secretary of State

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

Current Principal Place of Business:

1626 CROOMS AVENUE
ORLANDO, FL 32805

New Principal Place of Business:

1931 AMERICUS MINOR DR
WINTER GARDEN, FL 34787

Current Mailing Address:

1931 AMERICUS MINOR DRIVE
WINTER GARDEN, FL 32787

New Mailing Address:

1931 AMERICUS MINOR DR
WINTER GARDEN, FL 34787

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:

PARRAMORE, SHERRY
1926 CROOMS AVENUE
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

PARRAMORE, SHERRY
4543 LIGUSTRUM WAY
ORLANDO, FL 32839 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: SHERRY PARRAMORE

05/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRUITT, TIA
Address: 1931 AMERICUS MINOR DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: JONES, ROSBY
Address: PO BOX 585917
City-St-Zip: ORLANDO, FL 32858

Title: D () Delete
Name: LADNEY, JUDITH
Address: P.O. BOX 585917
City-St-Zip: ORLANDO, FL 32858

Title: D () Delete
Name: PRUITT, NOAH
Address: POST OFFICE BOX 585917
City-St-Zip: ORLANDO, FL 328585

Title: D () Delete
Name: JOE, FRAZIER
Address: POST OFFICE BOX 585917
City-St-Zip: ORLANDO, FL 328585917

Title: D () Delete
Name: PARRAMORE, SHERRY
Address: 1926 CROOMS AVE.
City-St-Zip: ORLANDO, FL 32805

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PARRAMORE, SHERRY
Address: 4543 LIGUSTRUM WAY
City-St-Zip: ORLANDO, FL 32839

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: TIA PRUITT

PRES

05/20/2008

Electronic Signature of Signing Officer or Director

Date