

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000003721

FILED
Oct 23, 2004
Secretary of State**Entity Name:** R.C. JONES, SR. LEARNING ACADEMY, INC.**Current Principal Place of Business:**6409 LOBEDIA ST
JACKSONVILLE, FL 32209**New Principal Place of Business:**6409 LOBELIA ST
JACKSONVILLE, FL 32209**Current Mailing Address:**6409 LOBEDIA ST
JACKSONVILLE, FL 32209**New Mailing Address:**6409 LOBELIA ST
JACKSONVILLE, FL 32209**FEI Number:** 43-1962082 **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, ARTHUR T SR.
5239 LOCKSLEY AVE
JACKSONVILLE, FL 32208 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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: JONES, ESSIE M
Address: 6409 LABELIA STREET
City-St-Zip: JACKSONVILLE, FL 32209**Title:** VP () Delete
Name: SHEPPARD, NATALIE
Address: 7028 BISHOP HATCHER DR
City-St-Zip: JACKSONVILLE, FL 32208**Title:** TD () Delete
Name: ESQUERRA, VALERIE
Address: 828 BENTON HARBOR DR E
City-St-Zip: JACKSONVILLE, FL 32225**Title:** SD () Delete
Name: KELLAM, ANSOLETTE
Address: 11685 CARAPACE LANE
City-St-Zip: JACKSONVILLE, FL 32218**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP (X) Change () Addition
Name: SHEPPARD, NATALIE
Address: 7028 BISHOP HATCHER DR
City-St-Zip: JACKSONVILLE, FL 32208**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 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 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: ESSIE M. JONES

PD

10/23/2004

Electronic Signature of Signing Officer or Director_____
Date