

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000007876

FILED
Feb 27, 2006
Secretary of State

Entity Name: ALL FAITH DAYCARE CENTER, INC.

Current Principal Place of Business:

3133 SPRING GLEN ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3133 SPRING GLEN ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3724784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMSTRONG, FELECIA
3133 SPRING GLEN RD
JACKSONVILLE, FL 32207 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: FELECIA ARMSTRONG

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARMSTRONG, FELECIA
Address: 3133 SPRING GLEN ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD () Delete
Name: ARMSTRONG, ALLEN
Address: 3133 SPRING GLEN ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD () Delete
Name: HAYES, BARBARA
Address: 311 W ASHLEY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: S () Delete
Name: TOOKES, NAOMI
Address: 9856 WHITFIELD CT
City-St-Zip: JACKSONVILLE, FL 32221

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: FELECIA ARMSTRONG

PD

02/27/2006

Electronic Signature of Signing Officer or Director

Date