2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 02, 2004
Secretary of State

DOCUMENT# N02000009024

Entity Name: QUICKEN MINDS OUTREACH ACADEMY, INC.

Current Principal Place of Business:

7410 SHARBETH DR S
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60906
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 33-1045488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

OLIVER, CHANDRA
7410 SHARBETH DR S
JACKSONVILLE, FL 32210 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:	S	( ) Delete
Name:	PETERSON, JACQUELINE	
Address:	7322 SHARBETH DR., S.	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	P	( ) Delete
Name:	OLIVER, CHANDRA	
Address:	7410 SHARBETH DR. S.	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	VP	( ) Delete
Name:	MCQUEEN, SHANTELL	
Address:	8985 NORMANDY BLVD., LOT 83	
City-St-Zip:	JACKSONVILLE, FL 32221	
Title:	BM	( ) Delete
Name:	BROWN, GEORGE	
Address:	843 ALDERMAN RD., #273	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	BM	( ) Delete
Name:	GOODEN, SABINA	
Address:	1179 E. 15TH ST	
City-St-Zip:	JACKSONVILLE, FL 32206	

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:	

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: SHANTELL MCQUEEN VP 11/02/2004

Electronic Signature of Signing Officer or Director — Date