2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 12, 2005 8:00 am Secretary of State

09-12-2005 90005 014 ****61.25

1. Entity Nam	MEN I # N02000090 MINDS OUTREACH ACAD							
Principal Place 7410 SHARB JACKSONVILL		Mailing Address P.O. BOX 60906 JACKSONVILLE, FL 322	236			500	6653	7
2. Principal P	lace of Business Numbuth St. St.	3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.		08122005 C	hg-NP	CR2E03	7 (10/03)	
City & State	[]	City & State	. <u>.</u> .	4. FEI Number 33-104548	38		 	pplied For
^{zip} Заг	Country U.S	Zip	Country	5. Certificate of S	tatus Desired		8.75 Add ee Require	
	6. Name and Address of Current R	egistered Agent		7. Name and Add	tress of New Reg	gistered A	gent	
OUVER C	CHANDDA		Name					
	RBETH DR S VILLE, FL 32210		Street Addres	is (P.O. Box Number is	Not Acceptable)			
	named entity submits this statement for		City			FL	Zip Cod	
SIGNATURE	ions of registered agent. Au Mai Signature, typed or printed name of registered agent an	o title if applicable. (NOTE	:: Registered Agent signature requ	uired when reinstating)		S//	7/a	<u>Ś</u>
Di	Filing Fee is \$61.25 ue by September 7, 2005	9. Election Carr Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees	1	ke check	payable to ment of Si	
D:		Trust Fund C		Added to Fees	Florid	ke check la Departi	ment of Si	tate
	ue by September 7, 2005	Trust Fund C	contribution.		Florid	ke check la Departi S AND DIR	ment of Si	tate
10.	OFFICERS AND DIRE S PETERSON, JACQUELINE	Trust Fund C	ontribution.	Added to Fees	Florid	ke check la Departi S AND DIR	ment of SI ECTORS IN	tate
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12. I hereby certify that the information supplied with this filing does not qualify 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 add that my 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 of trustee empowered to execute this poort as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen with an address, with all other the empowered.

SIGNATURE:

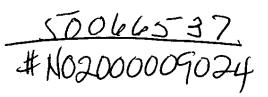
CHATURE AND TYPED OR PRINTED NAME OF SURFING OFFICER OR DIRECTOR

8/17/05

573 -014 8

ATTACHMENT

TRANSMITTAL LETTER



Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Quicken Minds Olderach Gadeny, Inc.

Enclosed is an original and one(1) copy of Reinstatement/Reincorporation and a check for :

FEES:

Filing Fee Registered Agent Annual Reports for 1993 through present year \$35.00 \$35.00

\$61.25 per calendar year.

OPTIONAL:

Certified Copy \$8.75 (plus \$1 per page over 8, not to exceed a maximum of \$52.50 Certificate of Status \$8.75

FROM:

Name (Printed or typed)

regress

City State & Zin

Daytime Telephone number

ATTACHMENT

CERTIFICATE OF REINCORPORATION

\$ NO200009024

Pursuant to s. 617.0901, Florida Statutes, this certificate of reincorporation was duly authorized by a meeting of its members regularly called or by a meeting of its board of directors if there were no members entitled to vote on the reincorporation:

ARTICLE I NAME The name of the corporation shall be:	Quicken	minds	Ochreach	Acadomy, Inc
ARTICLE II PRINCIPAL OFFIC The principal place of business and the	mailing address o	f this corporation	shall be:	
5028 Plymouth JACKSonville, 7	5 54. Fl 322	Suite o	2	
ARTICLE III PURPOSE The specific purpose for which the cor Chaltenged Community Literacy and Educa	poration is organiz	ed: To emply	xwer lives	s IN urcs
Literacy and Educa	chimal En	hancemen	+	
ARTICLE IV MANNER OF ELE The manner in which the directors are a Church boald.	ECTION elected or appointe	ed: They we	ree appoint	hed by
ARTICLE V INITIAL REGISTER The name and Florida street address	RED AGENT Al	ND STREET A	<u>DDRESS</u>	
Chandra Oliver 7410 Sharboth JAN FI 322,	DR C	5.	•	
The <u>name and address</u> of the Incorpo	rator is: ()UH1CUC	n Acade	my, Inc	- ب
The name and address of the Incorpor OULLKEN MINDS 5028 Plymouth Having been named as registered agent to a	51 Sul	te 2	*****	
Having been named as registered agent to a designated in this certificate, I am familiar w	ecept service of proce.	is joi the above state	a corporation at the pi	HLC.
capacity. Signature/Registered Agent	Quantitative up	———	Date	3/05
Manda Signature/Incorporator			Date	7/05

ATTACHMENT # N02-00009074

APPLICATION FOR REINSTATEMENT AND REINCORPORATION OF LEGISLATIVELY OR JUDICIA'LLY CHARTERED NOT FOR PROFIT CORPORATION

IN COMPLIANCE WITH s. 617.1623(1)(d), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REINSTATE AND REINCORPORATE A NOT FOR PROFIT LEGISLATIVELY OR JUDICIALLY CHARTERED CORPORATION WHICH WAS DISSOLVED ON JULY 2, 1992, PURSUANT TO s. 617.1623(1)(c):

617.1623(1)(c):				
1. Duick	en Min Name of corpora	tion exactly as it appears in legislative of	Andemy, Inc	<u>.</u>
2. <u>5028</u>	Street a (This address w	iddress of the principal office of the confill be used for the mailing of corporation	poration. n annual reports)	32 205
3.	Date	DV - 2/ 20021 e of legislative or judicial incorporation		-
	33-10459	FEI Number a FEI Number a officers and/or directors:	•	
(use additional page	ge if necessary)	or another.		
(use additional page	Name	Street Address	City/State/Zip	
(use additional page	Name Name Chandra lent Shante Ive Asst. Jo	Street Address Diver 7410 Sharbett	De.S JAV., Fl 32216 Ormandy Blvd Jos	ac, Fl 32

Name and capacity of person signing application

(see S. 617.10201(6))