

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N02000009024

1. Entity Name
QUICKEN MINDS OUTREACH ACADEMY, INC.



Principal Place of Business
7410 SHARBETH DR S
JACKSONVILLE, FL 32210

Mailing Address
P.O. BOX 60906
JACKSONVILLE, FL 32236

50066537



2. Principal Place of Business
5028 Plymouth St. Ste 2
Suite, Apt. #, etc.
Suite 2
City & State
Jax. FL
Zip
32205
Country
US

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

08122005 Chg-NP CR2E037 (10/03)

4. FEI Number
33-1045488

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OLIVER, CHANDRA
7410 SHARBETH DR S
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Chandra Oliver* DATE 8/17/05

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERSON, JACQUELINE 7322 SHARBETH DR., S. JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLIVER, CHANDRA 7410 SHARBETH DR. S. JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCQUEEN, SHANTELL 8985 NORMANDY BLVD., LOT 83 JACKSONVILLE, FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM BROWN, GEORGE 843 ALDERMAN RD., #273 JACKSONVILLE, FL 32211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM GOODEN, SABINA 1179 E. 15TH ST JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 and 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chandra Oliver* DATE 8/17/05 573-0148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT
TRANSMITTAL LETTER

50066537
#N02000009024

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

SUBJECT: Quicken Minds Outreach Academy, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

FEES:

Filing Fee	\$35.00
Registered Agent	\$35.00
Annual Reports for 1993 through present year	\$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: Chandra Oliver
Name (Printed or typed)
7410 Sharbeth Dr S
Address
JAN, FL 3220
City, State & Zip
(904) 573-0148
Daytime Telephone number

ATTACHMENT

CERTIFICATE OF REINCORPORATION

50066537
N02000009024

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 Outreach Academy, Inc*

ARTICLE II PRINCIPAL OFFICE

The principal place of business and the mailing address of this corporation shall be:

*5028 Plymouth St. Suite 2
Jacksonville, FL 32205*

ARTICLE III PURPOSE

The specific purpose for which the corporation is organized: *To empower lives in
challenged communities, strengthen families structures
Literacy and Educational Enhancement*

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: *They were appointed by
a church board.*

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

*Chandra Oliver
7410 Sharboth Dr S.
JAX. FL 32210*

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:

*quicken minds Outreach Academy, Inc
5028 Plymouth St. Suite 2
JAX. FL 32205*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Chandra Oliver
Signature/Registered Agent

8/8/05
Date

Chandra Oliver
Signature/Incorporator

8/17/05
Date

ATTACHMENT # ^{SU0166531} N02000009074

**APPLICATION FOR REINSTATEMENT AND REINCORPORATION OF
LEGISLATIVELY OR JUDICIALLY 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):

1. Quicken Minds Outreach Academy, Inc.
Name of corporation exactly as it appears in legislative or judicial charter.
2. 5028 Plymouth St. Suite 2 JAX., FL 32205
Street address of the principal office of the corporation.
(This address will be used for the mailing of corporation annual reports)
3. Nov - 21, 2002
Date of legislative or judicial incorporation
4. FEI Number 33-1045488
☒ FEI Number applied for
☐ FEI Number not required
5. Name, address and title of current officers and/or directors:
(use additional page if necessary)

Title	Name	Street Address	City/State/Zip
President	Chandra Oliver	7410 Sharbeth Dr. S.	JAX., FL 32210
Vice President	Shantell McQueen	8985 Normandy Blvd	JAX FL 322
Administrative Asst.	Jackie Peterson	7322 Sharbeth Dr. S.	JAX, FL 322
Treasurer	Sabina Gooden	1179 W. 15 th St.	Jax. FL 32202

6. Attached is a copy of the judicial charter and all amendments thereto certified by the Circuit Court of the county wherein recorded or a copy of the chartering law certified by the Department of State, Division of Elections as to legislative charters and completed Certificate of Reincorporation.

Chandra Oliver
Authorized Signature

President, Chandra Oliver
Name and capacity of person signing application
(see S. 617.10201(6))