# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Sep 28, 2006**
**Secretary of State**

DOCUMENT# N02000009024

**Entity Name:** QUICKEN MINDS OUTREACH ACADEMY, INC.

**Current Principal Place of Business:**

5028 PLYMOUYTH ST
SUITE 2
JACKSONVILLE, FL 32205

**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 ( )**
**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: CHANDRA OLIVER
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: GOODEN, SABINA
Address: 1179 E. 15TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**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: BM (X) Change ( ) Addition
Name: GRAY, DAVID
Address: 3742 STAR LEAF ROAD W.
City-St-Zip: JACKSONVILLE, FL 32210

Title: BM ( ) Change (X) Addition
Name: OLIVER, MICHELLE
Address: 5720 BRAIT AVE
City-St-Zip: JACKSONVILLE, FL 32209

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: CHANDRA OLIVER P 09/28/2006
Electronic Signature of Signing Officer or Director — Date