2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N03000006847

Entity Name: DR. SHARON RIGGINS-PATTERSON CHILD DEVELOPMENT ACADEMY, INC.

Current Principal Place of Business:

2400 CHASE AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 671
SANFORD, FL 32771

New Mailing Address:

FEI Number: 01-0000316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIGGINS-PATTERSON, SHARON
116 STERLING CT
SANFORD, FL 32771 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: DR. SHARON RIGGINS PATTERSON

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WILLIAMS, VELMA H	
Address:	1505 W. 17TH ST	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	JONES, ANTHONY	
Address:	3603 S. ORLANDO DR.	
City-St-Zip:	SANFORD, FL 32773	
Title:	D	( ) Delete
Name:	ANDERSON, BRENDA	
Address:	133 HIDDEN LAKE DR	
City-St-Zip:	SANFORD, FL 32773	
Title:	S	( ) Delete
Name:	MORTON, CONNIE J	
Address:	7907 RIVERRIDGE DR	
City-St-Zip:	TAMPA, FL 33637	
Title:	D	( ) Delete
Name:	RIGGINS, ROBIN RENE	
Address:	116 STERLING CT	
City-St-Zip:	SANFORD, FL	
Title:	OCEO	( ) Delete
Name:	PATTERSON, SHARON R	
Address:	116 STERING CT	
City-St-Zip:	SANFORD, FL 32771	

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: ROBIN RENE RIGGINS D 01/15/2009

Electronic Signature of Signing Officer or Director — Date