

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N03000007037

**FILED**  
**Apr 26, 2014**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA CONSORTIUM OF PRIVATE SCHOOL COUNSELORS, INC.

**Current Principal Place of Business:**

5700 TRINITY PREP LANE  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 743  
GOLDENROD, FL 32733 US

**New Mailing Address:**

**FEI Number:** 20-0175611

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CENTRAL FL CONSORTIUM OF PRIVATE SCHOOL CO  
5700 TRINITY PREP LANE  
WINTER PARK, FL 32792 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:** LESTER JOHNSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** FIORICA, TONY  
**Address:** 901 N. HIGHLAND AVE  
**City-St-Zip:** ORLANDO, FL 32803 US

**Title:** TREA  
**Name:** JOHNSON, LESTER  
**Address:** 5700 TRINITY PREP LANE  
**City-St-Zip:** WINTER PARK, FL 32792 US

I hereby 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 all other like empowered.

**SIGNATURE:** LESTER JOHNSON

MR.

04/26/2014

Electronic Signature of Signing Officer or Director

Date