2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 01, 2004
Secretary of State

DOCUMENT# N03000007521

Entity Name: THE TRANSITION GROUP OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

120 GATLIN AVENUE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

3040 FOXHILL CIRCLE
APOPKA, FL 32703

New Mailing Address:

1524 LAMPLIGHTER WAY
ORLANDO, FL 32818

FEI Number: 41-2106795 **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:

WRIGHT, LESTER R
1524 LAMPLIGHTER WAY
ORLANDO, FL 32818 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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BUTLER, DANNY	
Address:	2108 WOLF	
City-St-Zip:	ORLANDO, FL 32808	
Title:	O/T	( ) Delete
Name:	WRIGHT, LESTER R	
Address:	1524 LAMPLIGHTER WAY	
City-St-Zip:	ORLANDO, FL 32818	
Title:	D	( ) Delete
Name:	WILLIAMS, JAMES L	
Address:	1315 HERNANDES DRIVE	
City-St-Zip:	ORLANDO, FL 32818	
Title:	D	( ) Delete
Name:	BROCKINGTON, MCKENZIE	
Address:	7622 COVEDALE DRIVE	
City-St-Zip:	ORLANDO, FL 32818	
Title:	D	( ) Delete
Name:	ELLIOTT, JOSCELYN T	
Address:	3727 S. LAKE ORLANDO PKWY, STE #3	
City-St-Zip:	ORLANDO, FL 32808	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LESTER R. WRIGHT O/T 12/01/2004
Electronic Signature of Signing Officer or Director — Date