

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007521

**FILED**  
**Oct 13, 2006**  
**Secretary of State**

**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:**

1524 LAMPLIGHTER WAY  
ORLANDO, FL 32818

**New Mailing Address:**

**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:**

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

WRIGHT, LESTER R  
1524 LAMPLIGHTER WAY  
ORLANDO, FL 32818      US

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 WRIGHT

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 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: LESTER WRIGHT

O/T

10/13/2006

Electronic Signature of Signing Officer or Director

Date