

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010248

FILED  
Jul 08, 2008  
Secretary of State

Entity Name: ST. FRANCIS CHILDREN'S DAYCARE, INC.

## Current Principal Place of Business:

912 E. SLIGH AVE.  
TAMPA, FL 33604

## New Principal Place of Business:

## Current Mailing Address:

912 E. SLIGH AVE.  
TAMPA, FL 33604

## New Mailing Address:

P.O. BOX 9154  
TAMPA, FL 33674

FEI Number: 20-4876346      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:

LOWKE, R. SCOTT  
401 E. JACKSON ST., STE. 2900  
TAMPA, FL 33602      US

## Name and Address of New Registered Agent:

LOWKE, R. SCOTT  
102 W. WHITING STREET SUITE 400  
TAMPA, FL 33602      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: R. SCOTT LOWKE

07/08/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P      ( ) Delete  
Name: LOWKE, R. SCOTT  
Address: 401 E. JACKSON ST., STE. 2900  
City-St-Zip: TAMPA, FL 33602

Title: T      (X) Delete  
Name: EATON, REY  
Address: 4629 LEONA ST.  
City-St-Zip: TAMPA, FL 33629

Title: S      (X) Delete  
Name: WILSON, MARY VIRGINIA  
Address: 2407 ANDERSON PLACE, #402A  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P      (X) Change ( ) Addition  
Name: LOWKE, R. SCOTT  
Address: 102 W. WHITING STREET SUITE 400  
City-St-Zip: TAMPA, FL 33602

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: R. SCOTT LOWKE

P

07/08/2008

Electronic Signature of Signing Officer or Director

Date