

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004679

FILED
Oct 08, 2006
Secretary of State

Entity Name: CHILDREN IN ACTION, INC.

Current Principal Place of Business:

912 GOVERNORS AVE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

912 GOVERNORS AVE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-3755268 **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:

PHICIL, SHEILA
912 GOVERNORS AVE
ORLANDO, FL 32808 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: SHEILA PHICIL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PHICIL, SHEILA
Address: 912 GOVERNORS AVE
City-St-Zip: ORLANDO, FL 32808

Title: V () Delete
Name: PHICIL, MACULEUSE
Address: 912 GOVERNORS AVE
City-St-Zip: ORLANDO, FL 32808

Title: T () Delete
Name: PHICIL, ERODE
Address: 912 GOVERNORS AVE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: ELISTANE, JACQUES
Address: 1935 DARANELLE DR
City-St-Zip: ORLANDO, FL 32831

Title: D (X) Delete
Name: MEPRISANNE, MAXEANT
Address: 1915 CABOSANLUCAS DR #202
City-St-Zip: ORLANDO, FL 32831

Title: DS (X) Delete
Name: BERGER, SANDRA
Address: 1915 CABOSANLUCAS DR #202
City-St-Zip: ORLANDO, FL 32831

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PHICIL, SHEILA
Address: 912 GOVERNORS AVE
City-St-Zip: ORLANDO, FL 32808 US

Title: VC (X) Change () Addition
Name: BROOKS, WILLIE
Address: 901 SAN DOMINGO RD
City-St-Zip: ORLANDO, FL 32808 US

Title: D (X) Change () Addition
Name: JOACHIN, ROBINSON
Address: 637 W PRINCETON ST APT 3
City-St-Zip: ORLANDO, FL 32804 US

Title: D (X) Change () Addition
Name: EDWARDS, MARIAN
Address: 2044 HARBOR COVE WAY
City-St-Zip: WINTER GARDEN, FL 34787 US

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: SHEILA PHICIL

P

10/08/2006

Electronic Signature of Signing Officer or Director

Date