

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004871

Entity Name: SAINTS ACADEMY, INC.

FILED
Dec 24, 2009
Secretary of State

Current Principal Place of Business:

306 W. LANCASTER
ORLANDO, FL 32809

New Principal Place of Business:

9521 S. ORANGE BLOSSOM TR.
SUITE # 105
ORLANDO, FL 32837

Current Mailing Address:

5502 BRITAN DR.
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 20-1081121 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:

WILLIAMS, VIVIAN A
5502 BRITAN DR
ORLANDO, FL 32808 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: VIVIAN A. WILLIAMS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, VIVIAN A
Address: 5502 BRITAN DR
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: WRIGHT, NETTIE MAE
Address: 324 COUNTRY LANDING BLVD
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: WRIGHT, LINDA M
Address: 324 COUNTRY LANDING BLVD
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: WILLIMAS, NOWELL D
Address: 5502 BRITAN DR
City-St-Zip: ORLANDO, FL 32808

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: HARDY, KRISTEN V
Address: 2001 S.W. 16TH STREET
City-St-Zip: GAINESVILLE, FL 32608

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: VIVIAN A. WILLIAMS

Electronic Signature of Signing Officer or Director

PRES

12/24/2009

Date