

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Jan 09, 2008  
Secretary of State

DOCUMENT# N0400000535

Entity Name: GREATER ORLANDO ALLIANCE OF BLACK SCHOOL EDUCATORS, INC.

## Current Principal Place of Business:

7611 SOUTH ORANGE BLOSSUM TRAIL  
#299  
ORLANDO, FL 32809 US

## New Principal Place of Business:

445 WEST AMELIA STREET  
ORLANDO, FL 32801 US

## Current Mailing Address:

7611 SOUTH ORANGE BLOSSUM TRAIL  
#299  
ORLANDO, FL 32809 US

## New Mailing Address:

445 WEST AMELIA STREET  
ORLANDO, FL 32801 US

FEI Number: 83-0398511

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMPSON, E. JEROME  
2220 W. 29TH ST.  
ORLANDO, FL 32805 US

## Name and Address of New Registered Agent:

VICKI, BROOKS  
445 WEST AMELIA STREET  
ORLANDO, FL 32801 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: VICKI BROOKS

01/09/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BROOKS, VICKI  
Address: 445 WEST AMELIA STREET  
City-St-Zip: ORLANDO, FL 32801 US

Title: VP ( ) Delete  
Name: HANIFF, RUTH  
Address: 1500 AARON AVENUE  
City-St-Zip: ORLANDO, FL 32811 US

Title: SEC ( ) Delete  
Name: THOMAS, CORA  
Address: 11 S. HIAWASEE RD  
City-St-Zip: ORLANDO, FL 32835 US

Title: TRE ( ) Delete  
Name: THOMPSON, JEROME E  
Address: 2220 W. 29TH STREET  
City-St-Zip: ORLANDO, FL 32805 US

Title: DR ( ) Delete  
Name: FLORENCE, ALEXANDER  
Address: P.O. BOX 915115  
City-St-Zip: LONGWOOD, FL 32791

Title: DR ( ) Delete  
Name: STANLEY, ALEXANDER  
Address: P.O. BOX 915144  
City-St-Zip: LONGWOOD, FL 32791

## 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: FOUN (X) Change ( ) Addition  
Name: FLORENCE, ALEXANDER  
Address: P.O. BOX 915115  
City-St-Zip: LONGWOOD, FL 32791

Title: FOUN (X) Change ( ) Addition  
Name: STANLEY, ALEXANDER  
Address: P.O. BOX 915144  
City-St-Zip: LONGWOOD, FL 32791

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: DR. FLORENCE ALEXANDER

FOUN

01/09/2008

Electronic Signature of Signing Officer or Director

Date