

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000005772

FILED
Nov 11, 2009
Secretary of State

Entity Name: OUR HERITAGE YOUTH ENRICHMENT SERVICES OH YES!, INC.

Current Principal Place of Business:

750 SOUTH ORANGE BLOSSOM TRAIL
#264
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

750 SOUTH ORANGE BLOSSOM TRAIL
#264
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 56-2480353 **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:

LAMAR, LETICIA M
750 SOUTH ORANGE BLOSSOM TRAIL
#246
ORLANDO, FL 32805 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: LETICIA LAMAR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAMAR, LETICIA M
Address: 6334 SOUTHBRIDGE STREET
City-St-Zip: WINDERMERE, FL 34786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV () Delete
Name: SPRINGER, PHYLLIS
Address: 2512 CATALINA DRIVE
City-St-Zip: ORLANDO, FL 32805

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS () Delete
Name: LLOYD, PRICILLA
Address: 7202 JONQUIL DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C () Delete
Name: BAISDEN, BRENDA
Address: 1823 ROCK LAKE DRIVE
City-St-Zip: ORLANDO, FL 32805

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT () Delete
Name: HALL, GREGG O DR
Address: 830 WESTVIEW DR. SW WHEELER HALL, RM 329
City-St-Zip: ATLANTA, GA 30314

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: LETICIA LAMAR

PD

11/11/2009

Electronic Signature of Signing Officer or Director

Date