

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007179

FILED
Nov 15, 2006
Secretary of State

Entity Name: POTTER'S HAND PRESCHOOL, INC.

Current Principal Place of Business:

5688 EAST SR 44
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

5688 EAST SR 44
WILDWOOD, FL 34785

New Mailing Address:

FEI Number: 59-3593154 **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:

GREENE, STEPHANIE
5688 EAST SR 44
WILDWOOD, FL 34785 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: STEPHANIE GREENE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREENE, STEPHANIE
Address: 4852 CR 114
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: GREENE, JIMMY
Address: 4852 CR 114
City-St-Zip: WILDWOOD, FL 34785

Title: VD () Delete
Name: MILLER, TROY PASTOR
Address: 5688 EAST SR 44
City-St-Zip: WILDWOOD, FL 34785

Title: ST () Delete
Name: BOUTWELL, AMELIA
Address: 1206 MILLER STREET
City-St-Zip: LEESBURG, FL 34748

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:

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: STEPHANIE GREENE

PD

11/15/2006

Electronic Signature of Signing Officer or Director

Date