## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000010591

Entity Name: LAWRENCE ACADEMY, INC.

FILED Oct 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

777 W PALM DRIVE FLORIDA CITY, FL 33034

Current Mailing Address: New Mailing Address:

14319 SW 166TH STREET MIAMI, FL 33177

FEI Number: 47-0946984 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURNETT, MICHAEL 777 W PALM DRIVE FLORIDA CITY, FL 33034 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: MICHAEL BURNETT

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 PEARSON, EDDIE
 Name:
 LEWIS, RALPH

 Address:
 19471 SW 3RD COURT
 Address:
 819 HOLLYWOOD BOULEVARD

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:
 HOLLYWOOD, FL 33019

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RAHEEM, LYNDA
 Name:

 Address:
 12013 SW 110TH STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 MAYS, CHARLES
 Name:
 SANTIESTEBAN, SOFIA

 Address:
 10240 SW 144TH
 Address:
 6900 SW 69 AVENUE

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:
 MIAMI, FL 33143

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: LYNDA RAHEEM D 10/06/2006