


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000002524		
1. Entity Name JESUS CARES LEARNING ACADEMY, INC.		


Principal Place of Business 129 S. 5TH ST. HAINES CITY, FL 33844	Mailing Address 129 S. 5TH ST. HAINES CITY, FL 33844
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

06 DEC 13 PM 4:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT 2006 *11/27/2006* *CR2E099 (11/05)* *2006* *not*

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BAKER THOMAS, KATHLEEN
155 PINE STREET
HAINES CITY, FL 33838**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kathleen Baker Thomas* *12-5-06* **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	BAKER THOMAS, KATHLEEN	
STREET ADDRESS	155 PINE ST.	
CITY-ST-ZIP	HAINES CITY, FL 33838	
TITLE	S	<input type="checkbox"/> Delete
NAME	DANIELS WEST, BETTYE	
STREET ADDRESS	1412 WOOD AVE.	
CITY-ST-ZIP	HAINES CITY, FL 33838	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEWS, ANNIE LAURA	
STREET ADDRESS	1505 N. NEW YORK AVE.	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ROSALIND H.	
STREET ADDRESS	2401 2ND ST. NW, APT. 77	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FIELDER, MELISSA YVETTE	
STREET ADDRESS	38 TANGELO DR.	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIELDER, DARRIN KEITH	
STREET ADDRESS	38 TANGELO DR.	
CITY-ST-ZIP	HAINES CITY, FL 33844	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen Baker Thomas (Kathleen Baker Thomas)* *12-5-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #