

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000000776

FILED
Dec 03, 2007
Secretary of State

Entity Name: CHILDREN HAVING OPPORTUNITIES IN A CARING ENVIRONMENT, INC.

Current Principal Place of Business:

2420 W BRANDON BLVD
NO. 109
BRANDON, FL 33511

New Principal Place of Business:

100 HORST ROAD
BRANDON, FL 33511

Current Mailing Address:

2420 W BRANDON BLVD
NO. 109
BRANDON, FL 33511

New Mailing Address:

FEI Number: 20-4132923 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

NELSON, TREVOR P
2638 WRENCREST CIR
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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: TREVOR NELSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NELSON, TREVOR P
Address: 2638 WRENCREST CIR
City-St-Zip: VALRICO, FL 33594

Title: VPD () Delete
Name: MCINTOSH, MICHAEL
Address: 235 SIDONIA AVENUE, APT. 215
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: CORBETT, AMY
Address: 5102 JOE KING ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: TD () Delete
Name: NELSON, IAN
Address: 2638 WRENCREST CIR
City-St-Zip: VALRICO, FL 33594

Title: CTO () Delete
Name: FRANKLIN, MAURICE
Address: 5830 MEMORIAL HIGHWAY, NO. 314
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: NELSON, IAN
Address: 2638 WRENCREST CIR
City-St-Zip: VALRICO, FL 33594

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

Title: TD (X) Change () Addition
Name: MASON, MARIE
Address: 8245 CRESSIDA CT
City-St-Zip: LAND O LAKES, FL 34637

Title: LC (X) Change () Addition
Name: NELSON, NATALIE
Address: 27 & 28 KING CROSS STREET
City-St-Zip: CHRISTIANSTED, VI 00820

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: TREVOR NELSON

PD

12/03/2007

Electronic Signature of Signing Officer or Director

Date