

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000002300

FILED  
Dec 11, 2009  
Secretary of State

Entity Name: BAY AREA CHARTER LEADERSHIP COUNCIL, INC

## Current Principal Place of Business:

16215 HANNA ROAD  
LUTZ, FL 33549

## New Principal Place of Business:

## Current Mailing Address:

16215 HANNA ROAD  
LUTZ, FL 33549

## New Mailing Address:

FEI Number: 20-4363473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEARNING GATE COMMUNITY SCHOOL INC  
16215 HANNA ROAD  
LUTZ, FL 33549 US

## Name and Address of New Registered Agent:

LEARNING GATE COMMUNITY SCHOOL  
16215 HANNA ROAD  
LUTZ, FL 33549 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: PATTI GIRARD

12/11/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HOCEVAR, GARY  
Address: 4801 E. FOWLER AVENUE  
City-St-Zip: TAMPA, FL 33617

Title: VP ( ) Delete  
Name: EDWARDS, CAMETRA  
Address: 8718 N. 46TH STREET  
City-St-Zip: TAMPA, FL 33617

Title: SEC ( ) Delete  
Name: THOMLEY, SHEILA  
Address: 5429 BEAUMONT CIRCLE  
City-St-Zip: TAMPA, FL 33634

Title: TRES ( ) Delete  
Name: GIRARD, PATTI  
Address: 12207 NOREAST LAKE DRIVE  
City-St-Zip: TAMPA, FL 33612

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOCEVAR, GARY  
Address: 11734 JEFFERSON ROAD  
City-St-Zip: THONOTOSASSA, FL 33592

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

Title: SEC (X) Change ( ) Addition  
Name: WALTON, TANIKA  
Address: 4817 N. FLORIDA AVENUE  
City-St-Zip: TAMPA, FL 33612

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: PATTI GIRARD

TRES

12/11/2009

Electronic Signature of Signing Officer or Director

Date