

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000002520

FILED
Mar 21, 2008
Secretary of State

Entity Name: FOCUS ON LEADERSHIP, INC.

Current Principal Place of Business:

3022 NW 117TH CT
OCALA, FL 34482

New Principal Place of Business:

3011 NW 117TH CT
OCALA, FL 34482

Current Mailing Address:

3022 NW 117TH CT
OCALA, FL 34482

New Mailing Address:

3011 NW 117TH CT
OCALA, FL 34482

FEI Number: 20-4454818 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:

GREENE, JAMES
3011 NW 117TH CT
OCALA, FL 34482 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: JAMES L. GREENE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: JUDKINS, KATHY
Address: PO BOX 997
City-St-Zip: FAIRFIELD, FL 32634

Title: VC () Delete
Name: BETHEA, IRE
Address: 2657 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

Title: S () Delete
Name: DANIELS, HARRIET
Address: 4422 NW 22ND AVE
City-St-Zip: OCALA, FL 34478

Title: T () Delete
Name: GREENE, JAMES
Address: 3011 NW 117TH CT
City-St-Zip: OCALA, FL 34482

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 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: JAMES L. GREENE

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03/21/2008

Electronic Signature of Signing Officer or Director

Date