

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000007042

FILED
Jun 02, 2009
Secretary of State

Entity Name: CHILDREN OF PROMISE DEVELOPMENTAL CENTER, INC.

Current Principal Place of Business:

1130 MERRITT SREET
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

1130 MERRITT SREET
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 55-0892845 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

JENKINS, ROBIN A
1643 MALON BAY DRIVE
ORLANDO, FL 32829 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: ROBIN JENKINS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, SHARON
Address: 3316 ATMORE TERRACE
City-St-Zip: OCOEE, FL 34761

Title: VP () Delete
Name: JOHNSON, BISHOP
Address: 3316 ATMORE TERRACE
City-St-Zip: OCOEE, FL 34761

Title: T () Delete
Name: JOHNSON, LEROY
Address: 3316 ATMORE TERRACE
City-St-Zip: OCOEE, FL 34761

Title: S () Delete
Name: JOHNSON, CAROLYN
Address: 3316 ATMORE TERRACE
City-St-Zip: OCOEE, FL 34761

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: ADMI () Change (X) Addition
Name: FLUELLEN, TRAMAIN
Address: 6106 W. 6TH MANOR
City-St-Zip: PALATKA, FL 32177

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: SHARON JOHNSON

PRES

06/02/2009

Electronic Signature of Signing Officer or Director

Date