

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 22, 2009
Secretary of State**

DOCUMENT# N07000007044

Entity Name: CARE CHARTER SCHOOL OF EXCELLENCE, INC.

Current Principal Place of Business:

4364 NW 103RD TERRACE
SUNRISE, FL 33351

New Principal Place of Business:

1145 E 2ND STREET
MONTICELLO, FL 32344

Current Mailing Address:

4364 NW 103RD TERRACE
SUNRISE, FL 33351

New Mailing Address:

1145 E 2ND STREET
MONTICELLO, FL 32344

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENNA, RONALD P
4364 NW 103RD TERRACE
SUNRISE, FL 33351 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: RONALD RENNA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CUYLER, HARRIETT
Address: 1230 EAST ROCKY BRANCH ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: TRE (X) Delete
Name: MILLER, C.P. II
Address: 1079 CURTIS MILL ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: SEC () Delete
Name: JOHNSON, MAVIS
Address: 1553 WALKER SPRINGS ROAD
City-St-Zip: MONTICELLO, FL 32344

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:

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: HARRIETT CUYLER

P

10/22/2009

Electronic Signature of Signing Officer or Director

Date