

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000009933

FILED
Oct 07, 2009
Secretary of State

Entity Name: TERRASI LEARNING CENTER INC.

Current Principal Place of Business:

965 PONDELLA RD
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

965 PONDELLA RD
NORTH FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 26-1199993 **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:

Name and Address of New Registered Agent:

TERRASI, RENEE M DR
433 GLEASON PARKWAY
CAPE CORAL, FL 33914 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: DR, RENEE TERRAS5

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TERRASI, RENEE M DR.
Address: 433 GLEASON PARKWAY
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Delete
Name: DEMAREST, TRACEY L
Address: 4503 SW 5TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: S () Delete
Name: TERRASI, ROBERT R
Address: 1508 SW 47TH ST
City-St-Zip: CAPE CORAL, FL 33914

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: DR. RENEE TERRAS

P

10/07/2009

Electronic Signature of Signing Officer or Director

Date