

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000001817

FILED  
Nov 24, 2009  
Secretary of State

Entity Name: NEW BIRTH CHRISTIAN ACADEMY INC.

## Current Principal Place of Business:

412 N. MASSACHUSETTS AV.  
LAKELAND, FL., 33801 US

## New Principal Place of Business:

412 N. MASSACHUSETTS AV.  
LAKELAND,, FL 33801 US

## Current Mailing Address:

415 MONTGOMERY AV.  
LAKELAND, FL., 33801 US

## New Mailing Address:

415 MONTGOMERY AV.  
LAKELAND,, FL 33801 US

FEI Number: 77-0707943      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:

LASTER, LILLIE M  
415 MONTGOMERY AV.  
LAKELAND, FL 33801 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: LILLIE MAE LASTER

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LASTER, LILLIE M  
Address: 415 MONTGOMERY AV.  
City-St-Zip: LAKELAND, FL 33801 US

Title: VP (X) Delete  
Name: JONES, DAVID L SR.  
Address: 415 MONTGOMERY AV.  
City-St-Zip: LAKELAND, FL 33801 US

Title: T (X) Delete  
Name: AUSTIN, SOPHIA R  
Address: 508 ORIOLE DR.  
City-St-Zip: LAKELAND, FL 33813 US

Title: S (X) Delete  
Name: JONES, DORSELL M  
Address: 412 N. MASS. AV.  
City-St-Zip: LAKELAND, FL 33801 US

Title: S (X) Delete  
Name: JONES, DAKEEM M  
Address: 415 MONTGOMERY AV  
City-St-Zip: LAKEKAND, FL 33801 US

Title: S (X) Delete  
Name: JONES, KADEEM R  
Address: 415 MONTGOMERY AV  
City-St-Zip: LAKELAND, FL 33801 US

## 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: ( ) 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: LILLIE MAE LASTER

P

11/24/2009

Electronic Signature of Signing Officer or Director

Date