

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000002077

Entity Name: ETHIOPIAN CHILD, INC.

FILED
Oct 21, 2009
Secretary of State

Current Principal Place of Business:

6987 HIGHLAND PARK CIRCLE
FT. MYERS, FL 33966

New Principal Place of Business:

1452 PARK SHORE CIR
UNIT 3
FT. MYERS, FL 33901

Current Mailing Address:

6987 HIGHLAND PARK CIRCLE
FT. MYERS, FL 33966

New Mailing Address:

1452 PARK SHORE CIR
UNIT 3
FT. MYERS, FL 33901

FEI Number: 26-1961343 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:

BROWN, CHARLES E.
6987 HIGHLAND PARK CIRCLE
FT. MYERS, FL 33966 US

Name and Address of New Registered Agent:

BROWN, CHARLES E.
1452 PARK SHORE CIR
UNIT 3
FT. MYERS, FL 33901 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: CHARLES E BROWN

10/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BROWN, CHARLES E.
Address: 6987 HIGHLAND PARK CIRCLE
City-St-Zip: FT. MYERS, FL 33966

Title: DST () Delete
Name: BROWN, CAROL A.
Address: 6987 HIGHLAND PARK CIRCLE
City-St-Zip: FT. MYERS, FL 33966

Title: D () Delete
Name: BROWN, ROBERT W.
Address: 6987 HIGHLAND PARK CIRCLE
City-St-Zip: FT. MYERS, FL 33966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BROWN, CHARLES E.
Address: 1452-3 PARK SHORE CIR
City-St-Zip: FT. MYERS, FL 33901

Title: DST (X) Change () Addition
Name: BROWN, CAROL A.
Address: 1452-3 PARK SHORE CIR
City-St-Zip: FT. MYERS, FL 33901

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: CAROL A BROWN

DST

10/21/2009

Electronic Signature of Signing Officer or Director

Date