

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000008766

FILED
Oct 08, 2009
Secretary of State

Entity Name: RISING STAR EDUCATIONAL AND THERAPEUTIC ACADEMY FOR CHILDREN INC

Current Principal Place of Business:

901 SE 1ST AVE
GAINESVILLE, FL 32601

New Principal Place of Business:

4947 NW 20 TERR
GAINESVILLE, FL 32605

Current Mailing Address:

901 SE 1ST AVE
GAINESVILLE, FL 32601

New Mailing Address:

4947 NW 20 TERR
GAINESVILLE, FL 32605

FEI Number: 26-3476948 **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:

WILLIAMS, BONITA
901 SE 1ST AVE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

WILLIAMS, BONITA
4947 NW 20 TERR
GAINESVILLE, FL 32605 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: BONITA WILLIAMS

10/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, BONITA
Address: 901 SE 1ST AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: BRYANT, KAREN
Address: 2204 SE 61 STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: WILLIAMS, JOSEPH A SR
Address: 4947 NW 20 TERR
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, BONITA
Address: 4947 NW 20 TERR
City-St-Zip: GAINESVILLE, FL 32605

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: BONITA WILLIAMS

P

10/08/2009

Electronic Signature of Signing Officer or Director

Date