

N09000003590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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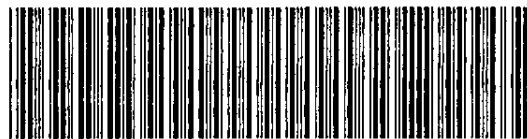
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Imani Elementary Charter Academy  
Name of Corporation

**DOCUMENT NUMBER:** N09000003590

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daina Davis  
Name of Contact Person

Imani Elementary Charter Academy  
Firm/Company

1780 Mercy Drive  
Address

Orlando, FL 32808  
City/State and Zip Code

ImaniElementaryCharter@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daina Davis at ( )  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2011

DAINA DAVIS  
907 BETHUNE DRIVE  
ORLANDO, FL 32805

SUBJECT: IMANI ELEMENTARY CHARTER ACADEMY, INC.  
Ref. Number: N09000003590

We have received your document for IMANI ELEMENTARY CHARTER ACADEMY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 511A00005617

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Florida  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Imani Elementary Charter Academy, Inc.
2. The principal office address: 1780 Mercy Drive, Orlando FL 32808
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/9/09 Document number: N09000003590

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

ACH of America

777 E Altamonte Drive

Altamonte Springs, FL 32701

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

Daina Davis

~~7349 HIGH LAKE DRIVE~~ 907 Bethune Drive

P.O. Box NOT acceptable

Orlando, FL ~~32818~~ 32805

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

Daina J. Davis

Signature of an officer or director

DAINA J. DAVIS, BOARD CHAIR

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance  
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.

Daina J. Davis

Signature of Registered Agent

MARCH 10, 2011

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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