

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000004099

**FILED**  
**Sep 29, 2011**  
**Secretary of State**

**Entity Name:** JOURNEY'S ACADEMY EDUCATIONAL PATHWAYS TO SUCCESS" CORP"

**Current Principal Place of Business:**

1855 LANSING STREET  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

1855 LANSING STREET  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 80-0395199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOLLIVER, KARISSA L  
3435 HEILD ROAD  
WEST MELBOURNE, FL 32904 US

**Name and Address of New Registered Agent:**

TOLLIVER, KARISSA L  
751 AMERICANA BLVD NE  
PALM BAY, FL 32907 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: KARISSA TOLLIVER

09/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: TOLLIVER, KARISSA  
Address: 1855 LANSING STREET  
City-St-Zip: MELBOURNE, FL 32935

Title: TREA  
Name: LESLIE, LISA  
Address: 1855 LANSING STREET  
City-St-Zip: MELBOURNE, FL 32935

Title: D  
Name: TOLLIVER, DOUG D  
Address: 1855 LANSING STREET  
City-St-Zip: MELBOURNE, FL 32935

I hereby 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 all other like empowered.

SIGNATURE: KARISSA TOLLIVER

DIR

09/29/2011

Electronic Signature of Signing Officer or Director

Date