

**2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 10, 2014  
Secretary of State**

DOCUMENT# N12000004469

**Entity Name:** FAITH'S PLACE CENTER FOR ARTS EDUCATION, INC.

**Current Principal Place of Business:**

500 22ND STREET  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

930 44TH STREET  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:** 80-0812101      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MAYS, TARRY  
930 44TH STREET  
WEST PALM BEACH, FL 33407      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: TARRY MAYS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOCKHART-MAYS, NOBLE  
Address: 930 44TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: V  
Name: LOCKHART, GLORIA  
Address: 954 44TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: V  
Name: COLLINS, CHRISTY  
Address: 931 SHORE BREEZE LANE  
City-St-Zip: ORLANDO, FL 32810

Title: V  
Name: BELL, CARLA  
Address: 576 GILMORE STAGE ROAD  
City-St-Zip: ORANGE CITY, FL 32763

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: NOBLE LOCKHART-MAYS

PRES

10/10/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date