

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N92000000804

FILED
Nov 05, 2009
Secretary of State

Entity Name: BREVARD COUNTY INDEPENDENT PRIVATE SCHOOL SYSTEM, INC.

Current Principal Place of Business:

10361 EPIPHYTE RD.
MIMS, FL 327546220

New Principal Place of Business:

Current Mailing Address:

10361 EPIPHYTE RD.
MIMS, FL 327546220

New Mailing Address:

FEI Number: 59-3068891 **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:

MODERSON, TINA L
10361 EPIPHYTE RD.
MIMS, FL 327546220 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: TINA L MODERSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MODERSON, TINA
Address: 10361 EPIPHYTE RD.
City-St-Zip: MIMS, FL 327546220

Title: D () Delete
Name: CHAVEZ, DEBORAH
Address: 202 RIVER HEIGHTS DRIVE
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: CURRY, CHRISTOPHER C
Address: 2096 OTTERBEIN AVENUE
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: AMSTADT, DAVID
Address: 5941 CEDAR LAKE DRIVE
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TINA L MODERSON

Electronic Signature of Signing Officer or Director

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11/05/2009

Date