

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000002654

Entity Name: ALL SAINTS' ACADEMY, INC.

FILED
Dec 17, 2009
Secretary of State

Current Principal Place of Business:

5001 STATE ROAD 540
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

5001 STATE ROAD 540
WINTER HAVEN, FL 33880 US

New Mailing Address:

FEI Number: 59-3246571 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:

WRIGHT, STEVE
106 CAMPBELL DRIVE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

SANDERS, LORETTA
1129 INTERKICHEN BLVD
WINTER HAVEN, FL 33884 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: LORETTA SANDERS

12/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: VARASSE, JACK
Address: 521 LONE PALM DRIVE
City-St-Zip: LAKELAND, FL 33801

Title: CD () Delete
Name: WRIGHT, STEVE
Address: 106 CAMPBELL DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD () Delete
Name: SANDERS, LORETTA
Address: 1129 INTERLOCHEN BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD () Delete
Name: HENRY, CINDY
Address: 2300 NORTH SCENIC HIGHWAY
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: PAUL, BLAKE
Address: 128 EAST MAXWELL STREET
City-St-Zip: LAKELAND, FL 33803

Title: CD (X) Change () Addition
Name: SANDERS, LORETTA
Address: 1129 INTERLOCHEN BLVD
City-St-Zip: WINTER HAVEN, FL 33884

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: LORETTA SANDERS

CD

12/17/2009

Electronic Signature of Signing Officer or Director

Date